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REQUEST FOR PUBLIC DOCUMENTS

(Non-Commercial Use)

	n from the drop dow	m the Arizona Radiation Regulatory Agency. n menu below the specific agency program. Please use or to describe a selection of other.
X-Ray Radiation		(Use this space to describe a menu selection of <i>other</i> or for providing additional information.)
Radioactive Materials		
Nonionizing Radiation		
Medical Radiological Board of Examiners		
Radiation Measurements Lab		
Pursuant to Arizona Revised Sta § 39-121.03 (A), describe the purp of this request at right and provide requestor information below.	pose	
Requestor's Name	Title	Requestor's Email Address
Street Address or POB	City	FOR OFFICE USE ONLY
State	Zip Code	
By signing below, I affirm that the above describe purpose is an accurate description of the purpose use of these requested public records.		
Signature		

There is a \$30.00 charge per list in excel format e-mailed as an attachment; \$35.00 on disc and mailed via US Mail. For hard copy request call 602-255-4845.