



**ARIZONA DEPARTMENT OF INSURANCE**  
 100 N. 15<sup>th</sup> Ave., # 102  
 Phoenix, Arizona 85007-2624  
<https://insurance.az.gov>

## PUBLIC RECORDS REQUEST INVOICE

	Invoice # (div. code and seq. #):
	Invoice Date:

**NOTE:** We must receive payment within 30 calendar days of the Invoice Date or your request will be canceled.

Brief Description of Request:

Record(s) or List(s)	Code	Unit Fee	Qty	Total
Copies, Non-commercial	46010	\$0.60/pg		
Copies, Commercial	46020	\$1.50/pg		
List – Name and Address, Non-commercial	46041	\$0.03/record; \$15.00 min.		
List – Name and Address, Commercial	46042	\$0.06/record; \$60.00 min.		
Producer License CD-ROM, Non-commercial	46041	\$75.00 ea.		
Producer License CD-ROM, Commercial	46042	\$500.00 ea.		
Copy of Audio Tape/CD/DVD	46041	\$25.00 ea.		
Certificate of Director under Seal	46060	\$3.00/doc		
Mailing Costs: <i>Submit a pre-addressed air-bill label containing your billing account number (Fed-Ex, or UPS) in lieu of paying mailing costs</i>	46000			
<b>Invoice Total</b>				
<b>Previously Paid Amount</b>				
<b>BALANCE DUE</b>				

**1. Print the Invoice # on your payment** (check, money order or cashier's check), made payable to:  
 ARIZONA DEPARTMENT OF INSURANCE

**2. Mail your payment with a copy of this invoice to:**  
 ATTN: PUBLIC RECORDS REQUEST  
 ARIZONA DEPARTMENT OF INSURANCE  
 100 N. 15<sup>TH</sup> AVE., # 102  
 PHOENIX, AZ 85007-2624

**Direct questions concerning this invoice to:**

<b><u>DEPARTMENT OF INSURANCE USE ONLY</u></b>
Date Payment Received:
Amount Paid: \$ _____
CK#: _____