



Douglas A. Ducey,  
Governor

Arizona State Board of  
Massage Therapy  
“Protecting the Public’s Health”

1400 West Washington, Suite 300  
Phoenix, Arizona 85007  
P: (602)542-8604  
E: [info@massageboard.az.gov](mailto:info@massageboard.az.gov)  
W: <https://massagetherapy.az.gov>

**PUBLIC RECORDS REPRODUCTION REQUEST**

**Requesting Party:**

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Documents Related to:**

Name of Massage Therapist: \_\_\_\_\_ License/File No.: \_\_\_\_\_

Record(s)/Document(s) you wish to have copied:

(If you are requesting a directory of licensed massage therapists, please see below regarding format.)

**Purpose these records will be used:    Commercial, OR    Non-Commercial**

**COMMERCIAL** – The following information is **required**:

I, \_\_\_\_\_ (requesting party), declare that I have read the information and instruction sheet accompanying this form and understand the contents therein. I further declare that the copies or other reproductions of the public records described above and which I have requested are to be used solely for:

I further declare that such copies or reproductions will not be used directly or indirectly for a different purpose other than described above. I further declare under penalty of perjury that the foregoing is correct and true.

\_\_\_\_\_  
Requesting Party’s Signature

\_\_\_\_\_  
Date

