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Governor

Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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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

