

**State of Arizona
(Name of County)**

- 1. I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.**

- 2. The (Name of Agency) is conducting an investigation involving (Name/s of Subject). If searching for Prescriptions written by Practitioner include Practitioner's DEA number (_____), for prescriptions for a Patient or Practitioner as patient include the DOB (_____). (Insert time-frame for search).**

- 3. In accordance with Arizona Revised Statute § 36-2604(C)(3) and Arizona Administrative Rules R4-23-503(C)(3), the information requested is pursuant to an open complaint or investigation.**

- 4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.**

(Printed Name)
(Title)
(Agency Name)

Signature

Subscribed and sworn to before me in the County of _____, State of _____, this ____ day of _____, 20__.

Notary Public Seal

NOTARY PUBLIC

My Commission expires: _____

Note: This is not a required format. This resource is provided to assist you in complying with the CSPMP minimum requirements.

** Office Use Only **