



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Public Safety

DIVISION OF FIRE AND LIFE SAFETY
Office of the Director

5700 East Tudor Road
Anchorage, Alaska 99507-1225
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Fax: 907.338.4375

REQUEST FOR PUBLIC INFORMATION (Fill-In Form)

UNDER STATE REGULATIONS, YOU AS AN INDIVIDUAL, OR PRIVATE CORPORATION, POLITICAL SUBDIVISION, GOVERNMENT AGENCY, MUNICIPALITY, PARTNERSHIP, ASSOCIATION, FIRM, TRUST, ESTATE, OR ANY OTHER ENTITY WHATSOEVER HAVE THE RIGHT TO SUBMIT A REQUEST TO THE STATE AGENCY FOR PUBLIC INFORMATION.

THIS STATE AGENCY'S RECORDS MUST BE DISCLOSED TO THE REQUESTER IN A TIMELY MANNER PROVIDED THE REQUESTED RECORDS ARE NOT:

1. COVERED UNDER A VALID ALASKA OR FEDERAL STATUTE OR REGULATION, OR BY PRIVILEGE, EXEMPTION, OR PRINCIPLE RECOGNIZED BY THE COURTS, OR BY AN AGENCY PROTECTIVE ORDER AUTHORIZED BY LAW.
2. INFRINGING ON THE RIGHTS OF ANY OTHER PERSON OR ENTITY.
3. IMPAIRING THE FUNCTIONS OF ANY AGENCY.

COPIES OF THE RECORDS ARE PROVIDED AT THE REQUESTER'S EXPENSE.

Please TYPE your information below, print out this form, sign and fax it to the number above.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I AM REQUESTING THE FOLLOWING INFORMATION:

(Please include property/building name, address, owner name, plan or case#, and any additional identifiable information.)

SIGNATURE: _____

DATE: _____

12-010 (C.O. – Revised 08-13)
AUTHORITY BASED ON 2 AAC 96

Please contact Donna Wills @ 907-269-5491 with any questions.