



REQUEST FOR PUBLIC INFORMATION

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 COMPLETE:

NAME: _____

ADDRESS: _____

PHONE #: _____

I AM REQUESTING THE FOLLOWING INFORMATION:

SIGNATURE: _____

DATE: _____