DATE RECEIVED

PUBLIC RECORDS REQUEST | GENERAL ADMINISTRATIVE RECORDS

OFFICE OF THE CITY CLERK • 290 E. HERNING AVENUE • WASILLA, AK 99654-7091
PHONE: 907.373.9090 • FAX: 907.373.9092 • CLERK@CI.WASILLA.AK.US

Name of Requester: _____ Date of Request: _____

Organization or Company: _____

Mailing Address: _____

_____

Phone/Cell Number: _____ E-Mail: _____

Please describe below in detail the information or documents you are requesting. Please be as specific as possible. I request to *inspect or receive copies of* the following documents or files:

_____

_____

_____

_____

☐ Hold for Pick-Up ☐ Mail ☐ E-mail

Note - If research time in excess of five hours is required, a staff member will notify the requestor, before additional research is done. Date Notified: _____ Staff Name: _____

ACKNOWLEDGEMENT OF PAYMENT. I understand I will be charged a fee for each page that I am requesting to be copied, faxed, emailed, or mailed and that if it is determined that my request will require more than five hours of staff time to prepare, I will pay, upon notification, the personnel costs required to complete each task and/or copying tasks. I further understand that the City must respond to the request within 10-business days after receiving my request, except that the City may take an extension of an additional 10-business days if needed. I further understand that this request is available for public review and will be kept on file in accordance with City records policy. **CERTIFICATE OF NON-LITIGATION AFFILIATION.** I hereby certify that: I am not involved in litigation with the City of Wasilla or another public agency to which the requested record is relevant and I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Wasilla or another public agency to which the requested record is relevant. I certify under penalty of perjury, that the foregoing statements are true.

_____ _____ _____

Printed Name Signature Date

City Staff Use. Date Due:_____ Emailed to Mayor:_____ Extension: ☐No ☐Yes

5-Hours or less? ☐Yes ☐No Given to Clerk from Admin:_____ # of Pages:_____

Date Requester Notified for Pick-Up:_____ Page #:_____ Date Filled:_____ Initial: _____

Request distributed by: ☐Pick-Up ☐Mail ☐E-Mail Note: _____ Updated: 10/20/2015

Admin PRR No. _____