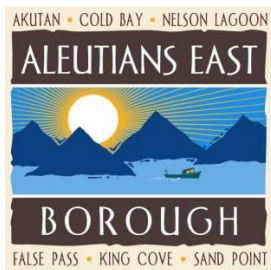


P. O. Box 349  
 SAND POINT, ALASKA 99661  
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TELEPHONE: (907) 383-2699  
 FAX: 1-888-737-3524  
 E-MAIL: brosete@aeboro.org

## REQUEST FOR PUBLIC RECORDS

**REQUESTOR:** *Please identify yourself and tell us how to notify you regarding this request.*

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

**INFORMATION REQUESTED:** *Identify and describe the documents you seek. Be specific and include dates and titles, if known. Charges for copying or staff time may apply.*

I request to inspect the following documents or files: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I request copies of the following documents or files: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that I may be required to pay a fee for duplication. I further understand that my request may be subject to payment of personnel costs for search and copy tasks per AS 40.25.110, which may be required to be paid in advance.

**CERTIFICATE OF LITIGATION AFFILIATION:** I hereby certify that (check one)  I AM  I AM NOT involved in litigation, in a judicial or administrator forum, with the Aleutians East Borough or another public agency to which the requested record is relevant; or acting on behalf of or otherwise representing any person who is involved in litigation with the Aleutians East Borough or another public agency to which the requested record is relevant.

\_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Signature

(Below this Line – Office Use Only)

\*\*\*\*\*

**BOROUGH STAFF:**

	Name of Person	Date & Time
Request received	_____	_____
Fee calculated	_____	_____
Requestor Notified	_____	_____
Documents Picked Up	_____	_____