

# PUBLIC INFORMATION REQUEST



***Municipality of Anchorage***  
**Department of Health and Human Services**  
**Environmental Services Division**  
825 "L" Street  
P. O. Box 196650  
Anchorage, AK 99519-6650  
Phone: 343-4200 Fax: 343-4786  
[www.muni.org](http://www.muni.org)



Date: \_\_\_\_\_  
Requester Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Representing: \_\_\_\_\_  
Specific Information Requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature

Date

***Please Note - In accordance with AMCR 3.90.002, Municipal agencies may charge \$0.40 per page for copies of municipal records.***

***In addition, a Municipal agency may charge for employee time spent to search for and retrieve records at a rate not exceeding \$40.00 per hour in accordance with AMC 3.90.005.***

## FOR OFFICE USE ONLY

Comments:  
Approved

\_\_\_\_ Approved

\_\_\_\_ Not