Assembly Counsel: Request for Services

* Required

1. Requested by: *

2. Type of work: *
   - [ ] AO
   - [ ] AR
   - [ ] AM
   - [ ] AIM
   - [ ] Research
   - [ ] Other

3. Brief description of project:
   (What problem or issue led to request; fact scenario; desired results or effect; information needed; Department(s) affected) *

4. Resources:
   (Other cities with similar code, state law, MOA Dept, stakeholder organization, etc.)
   Please email resources to MASAssemblyCounsel@anchorageak.gov. *


5. Have other departments or offices been contacted? *

☐ Department of Law
☐ Clerk's Office
☐ Legislative Services
☐ Other

6. Sensitivity: *

☐ Confidential= requestor only
☐ Limited= time or person limited sharing
☐ Shared= named collaborators
☐ Public= open

7. Assembly Action Target Date: *

Please input date (M/d/yyyy)