



MUNICIPALITY OF ANCHORAGE

Public Records Request/Freedom of Information Act (FOIA) Requests

Department/Office that holds the records:

This is a request to:

- Receive a copy of municipal record(s)
- Inspect a municipal record

- This request relates to pending litigation
 - The Municipality of Anchorage is a named party
- Case number: _____

Requestor's Name	Phone
Business	Fax
Street	Email
City/State/Zip	

Describe the public record(s) request as specifically as possible (include document titles, dates, parties, addresses, etc.):

I understand that certain municipal records are exempt from disclosure. See [AMC 3.90.040](#) for more information.

I understand that I may be charged a fee for copying public records. The Municipality will respond with an estimated charge. This is an estimate only. Fees are set by code which requires that requests resulting in 5 pages or less and requiring no more than 15 minutes of employee time are \$6. Requests resulting in more than 5 pages and/or more than 15 minutes of employee time are \$0.30/page plus employee time (\$40/hour). See [AMCR 3.90](#) for more information.

Requestor's Signature	Date
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Send your request to the appropriate municipal office or department.
Contact information available at: <http://www.muni.org/departments/>

Requestor Name: _____ Date Request Submitted: _____

ADMINISTRATION (this section for Municipality of Anchorage employee use only):

Records Request received on _____, by _____ of _____.
Date Employee Name Municipal Department/Agency

Communications/Review Log:

Fees

<u>Estimated Fees</u>		<u>Actual Fees</u>	
Copies		Copies	
_____ pages x \$0.30	\$ _____	_____ pages x \$0.30	\$ _____
Employee Time		Employee Time	
_____ hours x \$40	\$ _____	_____ hours x \$40	\$ _____
Total Estimated Fees:	\$ _____	Total Fees:	\$ _____
Fees paid in advance:	\$ _____	Refund/Additional due:	\$ _____
Amount Due:	\$ _____	Received:	_____
Received:	_____		

Denials

If request denied, in whole or in part, please cite to code, statute, or other local, federal, or state law exemption:

Appeal forwarded to Mayor's office per Anchorage Municipal Code [3.90.060\(B\)](#):

Employee Name/Title: _____ Date: _____