

# MUNICIPALITY OF ANCHORAGE

## RECORD DRAWING REQUEST

Municipality of Anchorage  
Community Development Department  
Right of Way Section  
4700 Elmore Road Anchorage, AK 99507  
Phone 907-343-8240 Fax 343-8250  
MOAROWrequests@muni.org

Company Name: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Fax #: \_\_\_\_\_  
Phone # \_\_\_\_\_

Pursuant to Municipal Code of Regulations Sect 3.900.002, 01/01/11; project research for plats and record drawings is \$40.00 Per Hour, 1 hour minimum.

Requestor to prepay 1 Hour, \$40 nonrefundable fee on initiation of request; any additional time and copy charges will be paid on receipt of project materials.

Format Requested: Printed Copies \_\_\_\_\_ Data on CD \_\_\_\_\_ via Email \_\_\_\_\_  
Additional fees apply for printed copies. Email limited to small files only.

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### Information Requested:

ROW \_\_\_\_\_ Street \_\_\_\_\_ Storm Drain \_\_\_\_\_ Traffic \_\_\_\_\_ Signing \_\_\_\_\_  
Striping \_\_\_\_\_ Signalization \_\_\_\_\_ Landscape \_\_\_\_\_ Bike Trail \_\_\_\_\_  
MOA Project Title: \_\_\_\_\_ MOA Project # \_\_\_\_\_  
Work Auth Code: \_\_\_\_\_  
MOA Grid/Grids \_\_\_\_\_ Subdivision: \_\_\_\_\_

Street/Road: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Street/Road: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Street/Road: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

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**Attach a legible map highlighting the exact limits of the project.** Requests will be returned without action for any incomplete information, authorizations, illegible maps or project identification.

Please provide specific and accurate information regarding the project to assist expediting your request and avoid unnecessary research time, materials and fees.

Due to Right of Way staffing shortage, allow adequate time for research and production.

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Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
Fees collected: \_\_\_\_\_