

FOR OFFICE USE ONLY

Date and initial when completed

RECEIVED: _____

COMPLETED: _____

CONTACTED: _____

DELIVERED: _____

**CITY OF UTQIAGVIK
PUBLIC RECORDS
REQUEST FORM**

Requestor's Information:

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

CITY/STATE/ZIP: _____

Records Requested::

Title of Record: _____

Date of Record: _____

Description of Record: *[Please be as specific as possible; a very broad request can delay response]*

I understand that I may be required to pay a fee for duplication and that if the time to search and copy these records exceeds five hours, I must pay for staff time in excess of five hours.

CERTIFICATE OF NON-LITIGATION AFFILIATION

I, _____, hereby certify that I am not, nor is any party I represent, seeking the requested records because they are relevant to, or will be used for, or involved in any litigation, in a judicial or administrative forum, with the City of Utqiagvik.

Requestor's Signature

Date

FOR OFFICE USE ONLY: _____ REQUEST APPROVED _____ REQUEST DENIED

Mayor, City of Utqiagvik

Date

City Clerk, City of Utqiagvik

Date