

## Office of the City Clerk 491 East Pioneer Avenue

Homer, Alaska 99603

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## **PUBLIC RECORDS REQUEST FORM**

Name:	Phone:	Cell:
Name of Business, Law Firm and/or Compa	ny:	
Address:	City:	State:Zip:
Email:		Fax:
The requested public record is strictly for:		
☐ My own personal use.	□On behalf of:	
I would like the documents delivered to me	by:	
☐ Mail (address listed above) ☐ Fax (listed	l above) 🗖 Email(listed above) 🗖 Will Pick	Up 🗖 For Review Only
I certify that I am not involved in litigation representing any party who is involved in lit	·	nor am I acting on behalf of or otherwise requested record is relevant. <i>Initial</i>
transmission and a fee of \$20 per disk for 0	CD reproductions. I further understand tha per calendar month that I will pay, upon no	st to be copied or provided by electronic at if it is determined that my request (s) will otification, the total actual personnel costs <i>Initial</i>
Requestor	r's Signature	
	Documents Requested	
Identify and describe the documents you se	ek. Be specific.	
Title of Record:		
Date of Record:		
Description of Record:		
Department/City Manager Signature:		Date:
☐ Approved ☐ Denied – reason for der	nial	

## **Public Records and the Law**

Information on Alaska's Public Records Laws can be found in Alaska Statues 9.25-100-220, and in Homer City Code 2.84. Exceptions to the policy that a city document should be released to the public when there is a request can be found in Alaska Statutes 9.25.120 and Homer City Code 2.84.020