

The City & Borough of Yakutat

P.O. Box 160 Yakutat, Alaska 99689

Phone: (907) 784-3323 Fax: (907) 784-3281

Public Records Request Form Date of Request: _____

Requester Name: _____	Phone: _____	Fax: _____	Email: _____
Address: _____ _____			
Request Made: <input type="checkbox"/> in Person <input type="checkbox"/> by Phone <input type="checkbox"/> by Fax <input type="checkbox"/> by Email			
<input type="checkbox"/> by Written Correspondence (<i>attach copy of correspondence to this form</i>)			
Title/Type of file Requested: _____ _____			
Reason for Requesting File/Information: (<i>please describe below the name of the record you are requesting and any additional information that will help us locate them for you as quickly as possible</i>): _____ _____ _____			
<hr/> <hr/> <hr/>			
FEES: Photocopies .25/page Color Copies (8½x 11) 5.00/page Fax: 2.00/page Title/Assessment Info Request: 5.00 minimum Maps: 8½ x 11 5.00/page Large Maps: 25.00 minimum Research Fee 15.00 (after the first half hour) <i>Other fees may apply.</i>			
PROCESSING: <i>It may not be possible for your request to be filled while you wait. The City and Borough of Yakutat grants every person the right to inspect any public record of the Borough (unless exempt from disclosure) within ten (10) business days of receipt of request.</i>			

I wish to obtain _____ copies of the record.

Signature: _____

Date: _____

For City Use Only:
1. Action Taken: <input type="checkbox"/> Released Record Date Released _____ Fees \$ _____ Receipt # _____ Description of Documents: _____ _____
<input type="checkbox"/> Record Denied: Reason _____ <input type="checkbox"/> Record Withheld in Part: Reason _____
2. Referred to City Attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Date Requester Notified of Action Taken: _____
<i>Attach all necessary documentation to this form.</i>