

## PUBLIC RECORDS INFORMATION REQUEST

City of Hoonah I (907) 945-3663 phone PO Box 360 Hoonah, Alaska 99829 e (907) 945-3445 fax

REQUESTOR'S CONTACT IN	FORMATION:		
(Please Print)	Phone: and/or Company:		
Address:	City:	State:	Zip:
FAX:	Email:		
otherwise representing any pa is relevant; and	d in litigation, in a judicial or administ arty who is involved in litigation with t strictly for: [] My own personal use	the City of Hoonah to w	hich the requested record
Date:	Signature:		
DOCUMENTS REQUESTED			
Title of Record Requested: _			
Date of Record:			
Description of the record(s) y record:	ou are requesting and any additional in	nformation that will help	to identify the correct
requested audio disk. Please note my request(s) will require more the costs required to complete the sea	that multiple recordings may not fit on a sin an one hour of staff time per calendar month rch and/or copying tasks.	gle disk. I further understa h that I will pay, upon notif	and that if it is determined that ication, the total personnel
Signature	Date:		
INTERNAL USE ONLY – INFOR	RMATION TO BE COMPLETED BY CITY ST	AFF	
[] Record is exempt from discloss [] Record cannot be located and t [] Record is available online at w The following departments l	Date:	nis records request.	