

Fairbanks North Star Borough P.O. Box 71267 Fairbanks, AK 99707

Fairbanks North Star Borough Public Records Request Form

| Name o | Date: | | | | | |
|--|---|---------------------------|--|--|--|--|
| Organiz | eation or Company: | | | | | |
| Address | 3: | | | | | |
| City, S | tate: | Zip Code: | | | | |
| | Who should we call if we have a question? Contact: Telephone: | | | | | |
| E-mail | Address: | | | | | |
| | irbanks North Star Borough is subject to the Alaska Public Records Act s document may be subject to public disclosure under state law. | , AS 40.25 et seq. | | | | |
| Please o | describe in detail below the information/documents requested using as muc | ch specificity as possib | | | | |
| I request to inspect the following documents or files: | | | | | | |
| | | | | | | |
| I reques | st copies of the following documents or files: (Hardcopy Electronic of | copy Emailed copy | | | | |
| underst | stand that I will be charged a fee for each page that I request to be copied/sca and that if it is determined that my request will require more than five hours on notification, the personnel costs required to complete the search and/or co | of staff time that I will | | | | |
| | CERTIFICATE OF NONLITIGATION AFFII | LIATION | | | | |
| I hereb (1) (2) (3) | by certify that: I am not involved in litigation, in a judicial or administrative forum, with the Fairbanks North Sta Borough or another public agency to which the requested record is relevant; I am not acting on behalf of or otherwise representing any person who is involved in litigatio with the Fairbanks North Star Borough or another public agency to which the requested record i relevant; and, To the best of my knowledge, neither a notary public nor other official empowered to administe oaths is available at the time I make this certification of nonlitigation affiliation. | | | | | |
| | OR | | | | | |
| | Document is notarized below. | | | | | |

| I certify | under pe | nalty of perjury, that the | e foregoing stateme | nts are true. | | |
|---|--|---------------------------------|-----------------------|---|--|--|
| Dated th | nis | day of | , 20 at | ································· | | |
| Signatur | re | | _ | Print Name | | |
| State of | Alaska |) | | | | |
| | fudicial D |) ss | | | | |
| | | | _ | | | |
| | | worn to (or affirmed) be of, 20 | | , Alaska by | | |
| | | ignature Expires: | | | | |
| unable | to fill it. | | " portion will be re | ll your request, or you will be advised of the reason we are turned to you). If you have questions, please call | | |
| REPLY | ΤΟ ΥΟΙ | JR PUBLIC RECORDS | S REQUEST | No | | |
| Inspection only (no copies or scanning required) | | | | | | |
| Enclosed are the records you requested and for which you have paid. | | | | | | |
| | (☐Hardcopy ☐ Electronic copy ☐ Emailed copy) | | | | | |
| | We have located the records you requested and they exceed the number of pages that the Borough provides at | | | | | |
| | no charge. The cost is \$ forpages at \$ per page. The records will be provided upon | | | | | |
| | ney order payable to FNSB. Your check should reference | | | | | |
| | | | | | | |
| | | | | | | |
| | We are | unable to provide the re | cords you requested | l. | | |
| | | A search was made, bu | it no records were fo | ound. | | |
| | | A search was made, bu | it the requested item | n is not available because it is not a public record for the | | |
| | | _ | | . You may appeal this decision to the Borough | | |
| | Attorney. An appeal shall be filed within 30 days from the date of written notification. (FNSB1.16.020(D). | | | | | |
| | We are unable to find the record you requested because the request did not include sufficient | | | | | |
| | information to find it. Please contact the Records Custodian at the phone number listed below. Not within the Borough's jurisdiction. | | | | | |
| | | Not within the Boroug | n s jurisaiction. | | | |
| Signatur | re of Reco | ords Custodian | | Printed Name of Records Custodian | | |
| | | ords Custodian | | Times Tame of Tooding Customin | | |
| Telephone Number: | | | Data | | | |
| i eiepno | me numb | CI | | Date: | | |