



Public Records Request

CITY CLERK'S OFFICE
PO BOX 167
Seward, AK 99664
Fax: 907-224-4038
Phone: 907-224-4046
Email: clerk@cityofseward.net

Clerk's Stamp

REQUESTOR: Please identify yourself

Name _____ Telephone _____

Name of Business, Law Firm and/or Company _____

Mailing Address _____ Email _____

How would you like us to contact you /send you the records when ready? E-Mail Mail Phone Hard Copy

Is this related to litigation or potential litigation involving the City of Seward? Yes No

Requestor's Signature _____

DOCUMENT(S) REQUESTED: Identify and describe the documents you seek. If this pertains to the City Police Department, please include any case number (if known) and/or time frame of occurrence. Please note we do not have records for the Alaska State Troopers.

All city officers and employees shall, consistent with the orderly conduct of city business, make a good faith and diligent effort to respond to inspection of records made pursuant to this code. (Seward City Code 2.05.015)

RESPONSE FROM DEPARTMENT:

Time Spent on Request: _____

CLERK'S OFFICE USE ONLY:

Request Received by: _____ Time Received: _____

Request Sent to: _____

Fee Calculated: _____

If the production of records for one requester in a calendar month exceeds five person-hours, the city shall require the requester to pay the fee to complete the search and copying tasks.

Approval From Requestor of Fee: Yes No N/A

Request completed: _____ (Name) Date and Time: _____

PUBLIC RECORDS AND THE LAW: Exceptions to this policy can be found in Alaska Statute 40.25.120 and Seward City Code 2.05.030. THIS REQUEST FORM IS A PUBLIC RECORD