

# CITY OF WHITTIER REQUEST FOR PUBLIC RECORDS MUST BE PRESENTED TO THE CITY CLERK

Name/Organization: \_\_\_\_\_ Requested by: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ (Other) \_\_\_\_\_ Fax Number: \_\_\_\_\_

**\*PLEASE NOTE: IF YOU REQUEST AUDIO, VIDEO OR PICTURES DEPENDING ON THE FORMAT THESE MAY INCUR ADDITIONAL CHARGES.\***

Are you involved in litigation or appeal with the City of Whittier? Yes  No

\*\* If Yes, which case(s): \_\_\_\_\_

Does this request pertain to the above litigation? Yes  No

List the documents requested.

PLEASE BE AS SPECIFIC AS POSSIBLE REGARDING THE DOCUMENTS YOU ARE REQUESTING TO AID IN OUR RESEARCH.

When you are finished, please review the information you have provided and fax the form to (907) 472-2404, or scan and email to [cityclerk@whittieralaska.gov](mailto:cityclerk@whittieralaska.gov), or bring form to Clerk's Office.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like the documents delivered? (check mark box)

Email  Fax  Pick-Up  Postal/Mailbox  In Person Review

(provide specific address/number for checked box) \_\_\_\_\_

### Public Records Terms and Agreement:

I acknowledge and agree to pay the following charges for documents requested: \$20.00 for each report and \$5.00 for each email the electronic file is provided to. I understand that a fee of \$1.50 is required for the first page to be copied/faxed/sent via email and \$0.50 for additional pages. I understand the research is limited and will be charged as Labor Fees for a minimum of \$75.00 per hour – each requestor in a calendar month that exceeds 5 hours will be charged the employee's actual salary plus benefit costs. An estimate can be prepared, and the requestor must deposit the estimated production and copying fees in advance if the documents requested are numerous. If the actual costs are greater than the estimate, the records will not be released until the difference is paid. If the actual amount is less than the deposit, the difference will be refunded. There is no fee for simple inspection unless request exceeds 5 hours in calendar month. Please refer to WMC 2.12 concerning Public Records Inspection for further information governing the release of records.

\*Payment can be in the form of cash or check, made payable to the City of Whittier, PO Box 608 Whittier, AK 99693. Use of a credit card for amounts \$20.00 and over may be used for payment as well. \*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>OFFICE USE ONLY</b>	Date Processed: _____
City Clerk's Signature: _____		
Reason for Denial: _____		
_____		
APPEAL PROCEDURE: Denial of your request may be appealed to the City Manager. If the City Manager upholds the denial of your request, you may file an appeal with the City Council. WMC 2.14.060		
Information provided to: _____ on _____ by _____.		