CITY OF BETHEL
P.O. BOX 1388
BETHEL, AK 99559
(907) 543 2047
WWW.CITYOFBETHEL.ORG

PUBLIC REQUEST FOR INFORMATION

Individual or Agency Making Request:		Date:
Address:		
Day Phone:	Fax:	E-Mail:
Please describe in detail the information/documents requested:		

ACKNOWLEDGEMENT OF PAYMENT

I understand I will be charged a fee the information I am requesting to be copied, faxed, emailed, or mailed and that if it is determined that my request will require more than five hours of staff time to prepare, I will pay, upon notification, the personnel costs required to complete each task and/or copying tasks. I further understand that this request is available for public review and will be kept on file in accordance with City records policy.

CERTIFICATE OF NON-LITIGATION AFFILIATION I hereby certify that: I am not involved in litigation with the City of Bethel or another public agency to which the requested record is relevant and I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Bethel or another public agency to which the requested recorded is relevant. I certify under penalty of perjury, that the foregoing statements are true.

_____ _____ _____

Printed Name Signature Date

Receiving Department: _____ Received By: _____

Approving Department: _____ Approved/Denied By: _____

Request Due: _____ Way of Delivery: Pick-Up Mail Fax E-Mail

Payment Amount Due: _____Payment Received: _____Date Complete: _____

NOTES: