



City of Palmer • City Clerk's Office
231 W. Evergreen Avenue • Palmer, AK 99645
Phone: (907) 761-1301 Fax: (907) 761-1332
www.cityofpalmer.org

Request for Public Records

Individual or agency making request: _____

Organization or Company: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact person's name: _____

Phone #(s): _____

Email address: _____

Please describe in detail below the information/documents requested using as much specificity as possible.

I request to *inspect* the following documents or files:

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I request *copies* of the following documents or files:

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Cost and Expected Timeframes

- I understand the cost for copies is as follows:

Cost per copy for up to twenty pages:	No charge
Cost per copy for more than twenty pages:	\$0.25 per copy
Audio recording:	\$10 per meeting
Copy of fire report:	\$10 per report

Each page copied is one copy. For example, a double-sided copy is two copies.

The City may establish flat-rate costs to be charged instead of a per-page fee for reports, maps, specifications and other similar bound or produced information.

- I further understand that if it is determined that my request will require more than five hours of staff time that I will pay, upon notification, the personnel costs required to complete the search and/or copying tasks.
- I understand the City must respond to the request within ten business days after receiving my request, except that the City may take an extension for an additional ten business days.

Certification of Nonlitigation Affiliation

I hereby certify that:

1. I am not involved in litigation, in a judicial or administrative forum, with the City of Palmer or another public agency to which the requested record is relevant;
2. I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Palmer or another public agency to which the requested record is relevant; and,
3. To the best of my knowledge, neither a notary public nor other official empowered to administer oaths is available at the time I make this certification of nonlitigation affiliation.

I certify under penalty of perjury, that the foregoing statements are true.

Printed Name

Date

Signature

-- For Office Use Only --

Request received by: _____ Date: _____

Forwarded to: _____ By: _____ Date forwarded: _____

Approved Yes No If no, list reason for denial: _____

Nonlitigation Statement Signed? Yes No If the Nonlitigation Affiliation is not signed, contact the Clerk's Office prior to releasing any records.

List date contact was made with requestor notifying him/her of the availability of records: _____

Date records released: _____ Amount due: _____ Date paid: _____

Director's signature: _____ Clerk's signature: _____

_____ **Posted in PR spreadsheet**