



CITY OF KODIAK PUBLIC RECORDS REQUEST FORM

Requestor Name: _____ Date: _____

Agency: _____
(if any)

Requestor Address: _____
Street _____ Suite/Apt _____

Requestor Phone: _____ City _____ State _____ Zip Code _____
Cell: _____ Email: _____

Request Made: In Person In Writing By Telephone By Fax By Email
Preferred Delivery: Pick Up U.S. Mail Email: (provide address) Fax: (provide no.) On-Site Inspection
(to address above)

Record Request Information:

Inclusive dates (if known):	From: _____ To: _____
Type/format of documents/medium requested:	
To expedite the request, be as specific as possible in describing the records being requested.	

- I agree to pay the actual cost of searching, reviewing, duplicating, and/or mailing copies of the requested public records.
- I agree that, in accordance to KCC 2.36.070, if the production of records in a calendar month exceeds five person hours that I will be required to pay all the personnel costs required during the month to complete the search and copying tasks.
- I also understand that the City will require a deposit of the estimated costs before fulfilling the request. If the actual cost exceeds the estimate, the city will not release the documents until the fee is received in full. If the actual time is less, any remaining amount will be refunded.

A staff member will notify the requester in writing of charges that will be incurred in fulfilling the request, which will include an itemized statement of any copying, personnel, or mailing.

Certificate of Nonlitigation Affiliation

In accordance with KCC 2.36.060 (c)(1-2) I hereby certify that:

- I am not involved in litigation, in a judicial or administrative forum, with the City of Kodiak.
- I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Kodiak.

Requestor's Signature

Date

CITY USE ONLY

ROUTING	REVIEW	COST
Date Received _____ Staff Name _____ Dept. _____ Dept/s Forwarded To _____ Date Forwarded _____	Request forwarded to attorney for review: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Authorized by attorney to release: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ (attach explanation)	Est. Duplication Cost: _____ Est. Personnel Cost: _____ Est. Mailing/other Cost: _____ Est. Total Cost: _____ Requestor Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Deposit Received: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Deposit Amount: _____

RECORDS GRANTED	RECORDS WITHHELD IN PART	RECORDS NOT AVAILABLE
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<p align="center">DATE DELIVERED:</p> <p align="center">_____</p> <p>Format:</p> <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Emailed copy <input type="checkbox"/> Faxed copy	<p align="center">DATE DELIVERED:</p> <p align="center">_____</p> <p>Format:</p> <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Emailed copy <input type="checkbox"/> Faxed copy Attach an explanation why records are held in part.	<p align="center">DATE REQUESTOR WAS INFORMED:</p> <p align="center">_____</p> <input type="checkbox"/> A search was made and no records were found <input type="checkbox"/> The requestor rescinded the records request on _____
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RECORDS REQUEST DENIED

DATE DENIED:

The records in accordance with KCC 2.36.060 (b) (1-15) are confidential or privileged.

The records in accordance with KCC 2.36.060 (c) (1-2) are requested by a person involved in litigation.

The records in accordance with KCC 2.36.060 (d) (1-8) are law enforcement records that are not eligible for disclosure.

The records in accordance with KCC 2.36.060 (e) (1-3) would disclose the identity of the complainants and are not eligible for disclosure.

The records in accordance with KCC 2.36.060 (f) (1) are personnel records that are not eligible for disclosure.

The records in accordance with KCC 2.36.060 (j) that requires the manipulation of information or creation of records.

Other: _____

Signature of Authorized Records Representative: _____ Date: _____