



City of Palmer
231 W. Evergreen Avenue
Palmer, AK 99645
Phone: 907-761-1301
Fax: 907-761-1340
cityclerk@palmerak.org

Public Records Request Form

Pursuant to PMC 2.90.050, some records are exempt from public disclosure. If a records request is denied, in whole or in part, the code, statute, or other local, state, or federal law exemption will be cited. Under the law, the City of Palmer must respond to the request within 10-business days after receiving the request, except that the City may take an extension of an additional 10-business days, if needed (PMC 2.90.070). This document is available for public inspection/disclosure and will be kept on file in accordance with the City's records policy.

| Requestor Contract Information | | |
|--------------------------------|--------|------|
| Name: | | |
| Organization: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone | Email: | |

| Record(s) Requested |
|--|
| I hereby request the following documents (be specific, i.e. dates, location(s), names of report(s)): _____ _____ _____ _____ |

I want to receive these records as: Electronic files Paper copies Inspect in person

Certification Statement: Non-Litigation Affiliation. I certify that I am not involved in litigation, in a judicial or administrative forum, nor am I acting on behalf of or otherwise representing any party who is involved in litigation with the City of Palmer to which the requested record is relevant. **Acknowledgement of Fees.** I understand that I may be charged a fee for the records I am requesting, and if personnel time required to produce records for one requester in a calendar month exceeds five person-hours, the requester shall pay for the personnel costs required during the month to complete the search and copying tasks. Charges will be based on the fully benefited cost of the employee performing the work. The requester shall pay a deposit determined by the City to the City before the search is performed and shall pay the fee in full before the records are disclosed (PMC 2.90.080).

Signature: _____ Date: _____

| -- For Office Use Only -- |
|--|
| Date request was received: _____ |
| Employee that received the request: _____ |
| Employee/Departments that processed the request: _____ |
| Amount requester is required to pre-pay to process the request and Date: _____ |
| Director approval: _____ Date: _____ |
| Attorney Approval: _____ Date: _____ |
| Total amount due to process the request _____ |
| The date the documents were provided to requester: _____ |
| Finance department please credit this payment to account number 01-00-00-3690 |