



# MATANUSKA-SUSITNA BOROUGH

## PUBLIC RECORDS REQUEST FORM

(This button only works with Adobe Acrobat. If it doesn't work when you click it, email this to:

public.records.requests@matsugov.us)

Name of Individual Requesting Records: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### RECORD(S) REQUESTED

If this matter is currently under litigation, record(s) must be requested through the Law Department.

Title & Date of Record(s): \_\_\_\_\_

Description of Record(s) – Please provide any additional information that will assist us in locating the record(s) for you as quickly as possible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The employee processing your request will respond to this request within ten (10) business days. If the records cannot be provided in that time period, you will be promptly advised. If you still desire the record(s), a reasonable and diligent search will be made for them.

**Non Litigation Affiliation Certification** - I hereby certify that:

- (1) I am not involved in litigation, in a judicial or administrative forum, with the Matanuska- Susitna Borough or it's agencies; andor administrative forum
- (2) I am not acting on behalf of or otherwise representing any person who is involved in litigation with the Matanuska-Susitna Borough or its agencies to which the requested record is relevant.

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

\_\_\_\_\_ Print Name \_\_\_\_\_ Requester Signature

### FOR BOROUGH 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: \_\_\_\_\_  
The date the Reply to Public Records Request and Notice of Right to  
an Administrative Review form was distributed \_\_\_\_\_ by \_\_\_\_\_  
**Finance department** please credit this payment to account number **100-000-000-341-900**