IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT _____

_____	)	
Appellant (person bringing appeal)	)	
vs.	)	
_____	)	APPEAL CASE NO. _____ CI
Appellee	)	
_____	)	**RESPONSE TO REQUEST**

[Note: This response must be filed with the court within 7 days after the date shown in the clerk's certificate of distribution on the Request (form AP-135). If the Request was mailed to you, you have an additional 3 days to file this response.]

☐ I do not oppose the attached request.

☐ I oppose the attached request for the following reasons:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ Date

_____ Signature of Appellant/Appellee

I certify that on _____
a copy of this response was
☐ mailed ☐ personally delivered
to (list names):

By: _____

_____ Print Name and Title (if applicable)

_____ Mailing Address

_____ City State ZIP

_____ Home Phone Work Phone

Instructions: Return the original of this document to the court.
Send one copy to the opposing party.
Keep one copy for your records.