

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: firecode@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 requ	
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:	
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:	
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 an Administrative Review form was distributed	to by
Finance department please credit this payment to account number 100-000-000-341-900	