



Craig Robinson
Chief of Police

WASILLA

POLICE
DEPARTMENT
City of Wasilla

1800 E. Parks
Hwy.
Wasilla, AK 99654

907-352-5401
Fax: 907-357-7877
www.cityofwasilla.com

Verne E. Rupright
Mayor



PUBLIC RECORDS REQUEST

Name of Requester ID or OL # & State Date of Request

Organization or Company

Mailing Address

City State Zip

Telephone: Cell Phone:

Case report # Photos (You will be contacted regarding costs for photos) CD (\$10) Other explain below

Reason for request (required):

Involved Party Parent/Guardian Represent Involved Party Registered Owner

Insurance Company Other:

ACKNOWLEDGEMENT OF PAYMENT

I understand I will be charged a fee of \$.25 per page if the report volume exceeds 25 pages to be copied, faxed, emailed, or mailed and that if it is determined that my request will require more than five hours of staff time to prepare, I will pay in advance or upon notification, the personnel costs required to complete each task and/or copying tasks. I further understand that the City must respond to the request within 10-business days after receiving my request, except that the City may take an extension of an additional 10-business days if needed. I further understand that this request is available for public review and will be kept on file in accordance with City records policy. *If the record or report from the Wasilla Police Department that I am requesting is not completed at the time of my request, I understand that my request becomes effective on the date the record or report is complete.*

CERTIFICATE OF NON-LITIGATION AFFILIATION

I hereby certify that: I am not involved in litigation with the City of Wasilla or another public agency to which the requested record is relevant and I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Wasilla or another public agency to which the requested record is relevant. I certify under penalty of perjury, that the foregoing statements are true.

Signature: Date:

ADMINISTRATIVE USE ONLY - FINAL DISPOSITION/INFORMATION RELEASED

Received by: Date Done: Identification #:

Picked Up Mailed Faxed e-mailed Other

REQUEST DENIED REASON:

Requestor advised.

Amount Received: Cash or Check No.: