



KENAI

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PUBLIC RECORDS REQUEST

Requestor Contact Information

Name:

Organization:

Address:

City:

State:

Zip:

Phone:

Fax No.

Email:

DOCUMENTS REQUESTED

I hereby request the following documents (be specific, i.e. dates, location(s), names of report(s), etc. -- attach additional page if necessary):

Title of Record:

Date of Record:

Description of Record:

I want to receive these files as: ☐ Electronic files ☐ Paper copies

☐ I acknowledge and agree to pay the following charges for the documents requested: Copies = Up to ten pages are free. There shall be a charge of twenty-five cents (\$.25), plus sales tax for each additional page. Copies of audio records to CD are \$25.00 plus sales tax for the first CD and \$5.00 for each additional CD for each request. Cassette tape recording copies are \$25.00 plus sales tax for the first cassette tape and \$5.00 for each additional cassette tape. I understand research is limited and will be charged per requestor in a calendar month exceeding five-person hours, i.e. the fee is the City employee's actual salary plus benefit costs. An estimate will be prepared and the requestor must deposit the estimated production and copying fees in advance. If the actual costs are greater than the estimate, the records will not be released until the difference is paid and if the actual costs are less, the requestor will receive a refund of the difference. No fee for simple inspection, except when the production of records by one requestor exceeds five person hours in a calendar month pursuant to AS 40.25.110(c).

Signature:

Date:

FOR CITY USE ONLY

Date Received: _____ Request ID # (Year-Sequence) _____

Research Time: _____ Fee: _____

Attorney Reviewed: _____ Date Documents Provided to Requestor: _____