UNALASKA DEPARTMENT OF PUBLIC SAFETY REQUEST FOR PUBLIC INFORMATION

RECORDS RE	QUEST (please print):	Date:		_
I, the Unalaska E public disclosur	Department of Public Safety if such d	, request the focument is a matter	following incident in public information	report completed by on and available for
•	e. t: DPS C	omplaint number if kno	own:	
Nature of Incide				
Signature:		Phone	Number:	
Residence Add	ress:		State:	Zip:
Mailing Address	3:		State:	Zip:
Email address:				
when processe Public records and audio reco	your address is both correct and legible d. Requests may not be filled if the recordered are \$20.00 for pages one the reding computer discs are \$10.00 each ayment must be in the form of in-states.	questor's address is illenrough seven, and the hasic \$20.00	egible. ereafter \$.25 per non-refundable fe	page. Photographs ee must accompany
Receipt Number	r:Amount:			
Officer receiving	g request:			
	APPROVED			
ı	DENIED FOR THE FOLLOWING REA	SON:		
2. 3 3. 3 4. 3	The incident requested is an on-going The incident is protected under Alaska The incident has not been adjudicated The incident requested does not exist incident requested does not exist includes the request is for information not managery	Statute (AS.12.61.110 n UDPS records.	·	.120).
•	Warden, Public Information Officer PARTMENT OF PUBLIC SAFETY		Da	te