

**ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
LABOR STANDARDS AND SAFETY DIVISION**

Juneau Office
P.O. Box 111149, Suite 304
Juneau, AK 99801
Tel: (907) 465-4855
Fax: (907) 465-3584

Mechanical Inspection
1251 Muldoon Road, Suite
113 Anchorage, AK 99504
Tel: (907) 269-4929
Fax: (907) 269-4932

Occupational Safety and Health
1251 Muldoon Road, Suite 109
Anchorage, AK 99504
Tel: (907) 269-4940
Fax: (907) 269-4950

Wage and Hour
1251 Muldoon Road, Suite 113
Anchorage, AK 99504
Tel: (907) 269-4909
Fax: (907) 269-4915

REQUEST FOR INFORMATION

Name:

Date:

Company name:

Request # _____

Mailing Address:

Please Mail

Will Pick Up

Please Email

Telephone Number:

E-Mail Address:

I request the following information: (Please be specific)

Are you a party, or do you represent a party, involved in litigation with the State or a public agency to which the requested record(s) are relevant?

Yes No If yes, please submit your request in accordance with applicable court rules.

Requester signature _____

State Use Only

Request Approved Request Denied By: _____ Date: _____

There will be a copy charge of \$.25 per page; charges less than \$5.00 (20 pages) will be waived. If information must be redacted, cost per copy will be \$.50.

Research time _____	@ \$50.00 per hour	= \$ _____	Requester notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clerical time _____	@ \$30.00 per hour	= \$ _____	date notified _____
Copies or printout _____	@ .25¢ page/side	= \$ _____	Completed by _____
Redacted copies _____	@ .50¢ per page	= \$ _____	date sent/picked up _____
Mailing labels _____	@ .50¢ per page	= \$ _____	
Compact discs (CD) _____	@ \$5.00 per CD	= \$ _____	
	total	= \$ _____	