STATE OF ALASKA DIVISION OF WORKERS' COMPENSATION **PUBLIC RECORDS REQUEST**

Pursuant to Alaska Statute 40.25 and Alaska Regulation 2 AAC 96.100, a public record of the Division of Workers' Compensation and the Alaska Workers' Compensation Board is subject to public inspection. Medical or rehabilitation records held by the Division or Board are not public records open to inspection. For copies of workers' compensation case files, use the Request for Release of Information Form, 07-6121.

To obtain records from the Division or the Board, you are required to

- 1) Provide the information requested below. An incomplete form will delay processing your request.

2) Pay the applicable reproduction fee.		
Requestor's Printed Name:		
Firm Name (If Applicable):		
Requestor's Mailing Address:		
Requestor's Phone Number:	Fax Number:	
Requestor's Email:		
Are you a party, or representing a party, involv Compensation, the Alaska Workers' Compens	<u> </u>	
If yes, based on the nature of the request, you with applicable court rules.	may be required to submit y	our request in accordance
Description of Public Records Sought.		
Describe the public records sought in sufficien appropriate records:	t detail to enable the Divisio	n to identify and locate the
Requestor's Signature:		Date:

Send Completed Form To the Division of Workers' Compensation at one of these offices:

ANCHORAGE 3301 Eagle Street, Suite 304 Anchorage, AK 99503 (907) 269-4980 (phone) (907) 269-4975 (fax) workerscomp@alaska.gov

FAIRBANKS 675 Seventh Avenue, Station K Fairbanks. AK 99701-4531 (907) 451-2889 (phone) (907) 451-2928 (fax) workerscomp@alaska.gov

JUNEAU P.O. Box 115512 Juneau. AK 99811-5512 (907) 465-2790 (phone) (907) 465-2797 (fax) workerscomp@alaska.gov

THIS SIDE FOR DIVISION USE ONLY

This public records request must be entered into the Division's Freedom of Information (FOI) log.

The Division must respond to the FOI request within 10 working days of receipt and payment of the reproduction fee (if applicable). Date Request Received: Return Receipt Sent with Request & Acknowledged? Yes No Date Requested Records Were Sent: List additional information or fees needed before the requested records are produced: Date Request for Additional Information was Sent: Person Requesting Additional Information: Date Request was Resubmitted: If requested records were not produced, reason why FOI request was denied: Person Authorizing Denial of Records Request: Date Denial was Sent: Records Copied By: by _____ Mailed On: (Date) (Staff Name) O Picked Up On: by (Date) (Name) Bill Prepared By:

FEE SCHEDULE

(Check or Money Order Only)

○ Bill Mailed On:

The Division may waive the reproduction fee if it determines that producing the requested records is in the public interest.

by

(Staff Name)

Paper Copies: \$.35 per page Microfilm Copies: \$.75 per page Microfiche Copies: \$50.00 per fiche

Certification of Copies: \$5.00 per certification Hearing Recording Copies: \$10.00 per recording Data Query: \$80.00/hour, \$20.00 (1/4 hour) minimum

(Date)