

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

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Mechanical Inspection
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Occupational Safety and Health
1251 Muldoon Road, Suite 109
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Wage and Hour
1251 Muldoon Road, Suite 113
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REQUEST FOR INFORMATION

Name:

Date:

Company name:

Request # _____

Mailing Address:

<input type="checkbox"/> Please Mail <input type="checkbox"/> Will Pick Up <input type="checkbox"/> Please Email
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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 = \$ _____	