

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

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**Mechanical Inspection**  
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**Wage and Hour**  
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**REQUEST FOR INFORMATION**

Name:

Date:

Company name:

Request # \_\_\_\_\_

Mailing Address:

<input type="checkbox"/> <b>Please Mail</b>  <input type="checkbox"/> <b>Will Pick Up</b>  <input type="checkbox"/> <b>Please Email</b>
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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 _____
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Compact discs (CD) _____ @ \$5.00 per CD = \$ _____	
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