

STATE OF ALASKA

**DEPARTMENT OF LABOR &
WORKFORCE DEVELOPMENT**
DIVISION OF LABOR STANDARDS & SAFETY
MECHANICAL INSPECTION SECTION

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Request for Information

Request

NAME: _____

DATE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

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 make your request in accordance with the applicable court rules)

SIGNATURE

____ APPROVED. ____ DISAPPROVED.

APPROVING AUTHORITY
MECHANICAL INSPECTION

DATE: _____

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Charges of less than \$5.00 will be waived.

Research Time _____ hours x \$30.00 per hour	= \$ _____
Clerical Time _____ hours x \$18.00 per hour	= \$ _____
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