

STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND AND WATER

550 W 7th Ave., Suite 1070
Anchorage, AK 99501-3579
(907) 269-8600
Fax (907) 269-8904

FILE REVIEW REQUEST

To: Custodian of Record _____ Section/Office _____

I hereby request to review the following:

- State Selection File No. _____
 Delinquent Serial No. _____
 ADL File No. _____
 Other _____

Name (please print) _____
Agency/Company _____
Address _____
Phone No. (work) _____ (message) _____

NOTE: In any matter involving litigation against a public agency of the State of Alaska, records to be used for, included in, or relevant to the litigation **may not be disclosed to a party involved in the litigation except in accordance with applicable court rules** (AS 40.25.122).

I hereby certify that I am not a party to litigation, nor am I acting on behalf of any party to litigation, against a public agency or official of the State of Alaska in any manner relevant to the records I request to review.

Signature _____ Date: _____

Check if applicable:

Information has been removed from the file prior to your review. The removed information is confidential under (1) AS 38.05.035(a)(8); (2) Personal Information as defined under AS 45.48, (3) the "attorney-client privilege;" or (4) the "deliberative process privilege," which protects pre-decisional documents (AS 40.25.120).

Name of department employee supervising the file review _____

AS 38.05.035(a) authorizes the director to decide what information is needed to process an application for the sale or use of state land and resources. This information is made a part of the state public land records and becomes public information under AS 40.25.110 and 40.25.120 (unless the information qualifies for confidentiality under AS 38.05.035(a)(8) and confidentiality is requested, or AS 45.48). Public information is open to inspection by you or any member of the public. A person who is the subject of the information may challenge its accuracy or completeness under AS 44.99.310, by giving a written description of the challenged information, the changes needed to correct it and a name and address where the person can be reached. False statements made in an application for a benefit are punishable under AS 11.56.210.