



CITY OF KODIAK PUBLIC RECORDS REQUEST FORM

Requestor Name: Justin Seitz Date: June 21, 2023

Agency: _____
(if any)
Requestor Address: 2001 Pembina Ave.

Street Saskatoon Suite/Apt SK S7K 1C5

City 306-260-1721 State 306-260-1721 Zip Code justin.seitz@gmail.com

Requestor Phone: _____ Cell: _____ Email: _____

Request Made: In Person In Writing By Telephone By Fax By Email
Preferred Delivery: Pick Up U.S. Mail Email: (provide address) Fax: (provide no.) On-Site Inspection
justin.seitz@gmail.com

Record Request Information:

Inclusive dates (if known):	From: <u>Mar-01-1986</u> To: <u>May-01-1986</u>
Type/format of documents/medium requested:	
<p>To expedite the request, be as specific as possible in describing the records being requested.</p> <p>I am seeking any and all records from the City of Kodiak - Fire Department pertaining to emergency calls, body recoveries, electronic equipment or other unknown object recoveries from land or water, marine vessel assistance or fire incidents. These should include operations that were conducted on land, bodies of water on Kodiak Island (such as rivers, lakes, ponds, creeks, reservoirs, etc.), offshore or in the dock and harbour areas in or near Kodiak the city.</p> <p>I am also seeking any and all communication between the Kodiak Fire Department and the Kodiak Police Department, Alaska State Troopers, Federal Bureau of Investigations and the Drug Enforcement Administration during the period of the time indicated above.</p> <p>The materials I seek may include but not be limited to call logs, photographs, investigative and shift reports, incoming emergency telephone call logs, any records of fire department vehicles or vessels being deployed or their refuelling and mileage records.</p> <p>Please provide all records in electronic format or provide instructions for local delivery/pickup.</p>	

- I agree to pay the actual cost of searching, reviewing, duplicating, and/or mailing copies of the requested public records.
- I agree that, in accordance to KCC 2.36.070, if the production of records in a calendar month exceeds five person hours that I will be required to pay all the personnel costs required during the month to complete the search and copying tasks.
- I also understand that the City will require a deposit of the estimated costs before fulfilling the request. If the actual cost exceeds the estimate, the city will not release the documents until the fee is received in full. If the actual time is less, any remaining amount will be refunded.

A staff member will notify the requester in writing of charges that will be incurred in fulfilling the request, which will include an itemized statement of any copying, personnel, or mailing.

Certificate of Nonlitigation Affiliation

In accordance with KCC 2.36.060 (c)(1-2) I hereby certify that:

- I am not involved in litigation, in a judicial or administrative forum, with the City of Kodiak.
- I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Kodiak.

Requestor's Signature

June 21, 2023
Date

CITY USE ONLY

ROUTING	REVIEW	COST
Date Received _____ Staff Name _____ Dept. _____ Dept/s Forwarded To _____ Date Forwarded _____	Request forwarded to attorney for review: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Authorized by attorney to release: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ (attach explanation)	Est. Duplication Cost: _____ Est. Personnel Cost: _____ Est. Mailing/other Cost: _____ Est. Total Cost: _____ Requestor Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Deposit Received: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Deposit Amount: _____

RECORDS GRANTED	RECORDS WITHHELD IN PART	RECORDS NOT AVAILABLE
DATE DELIVERED: _____	DATE DELIVERED: _____	DATE REQUESTOR WAS INFORMED: _____
Format: <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Emailed copy <input type="checkbox"/> Faxed copy	Format: <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Emailed copy <input type="checkbox"/> Faxed copy Attach an explanation why records are held in part.	<input type="checkbox"/> A search was made and no records were found <input type="checkbox"/> The requestor rescinded the records request on _____

RECORDS REQUEST DENIED

DATE DENIED:

The records in accordance with KCC 2.36.060 (b) (1-15) are confidential or privileged.

The records in accordance with KCC 2.36.060 (c) (1-2) are requested by a person involved in litigation.

The records in accordance with KCC 2.36.060 (d) (1-8) are law enforcement records that are not eligible for disclosure.

The records in accordance with KCC 2.36.060 (e) (1-3) would disclose the identity of the complainants and are not eligible for disclosure.

The records in accordance with KCC 2.36.060 (f) (1) are personnel records that are not eligible for disclosure.

The records in accordance with KCC 2.36.060 (j) that requires the manipulation of information or creation of records.

Other: _____

Signature of Authorized Records Representative: _____ Date: _____