



# CITY OF KODIAK PUBLIC RECORDS REQUEST FORM

Requestor Name: Justin Seitz Date: May 15, 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>01-01-1980</u> To: <u>01-01-1990</u>
Type/format of documents/medium requested:	
To expedite the request, be as specific as possible in describing the records being requested. Any and all records pertaining to LAURA LEE HENDERSON (IBACH) (DOB: OCT-02-1957) including any records that relate to LAURA LEE HENDERSON operating as an police informant, investigative materials (notes, memos, photographs, negatives, interview recordings, interview transcripts) relating to her March 28, 1986 disappearance and subsequent murder investigation and any communication, files, photographs or materials relating to the civil case where LAURA LEE HENDERSON (named LAURA LEE IBACH) is a co-plaintiff against the City of Kodiak in civil case: 3KO-83-00220CI Ibach, Jack et al vs. City of kodiak, Xxx RHM	
Please provide all records in electronic format or provide instructions for local delivery/pickup.	

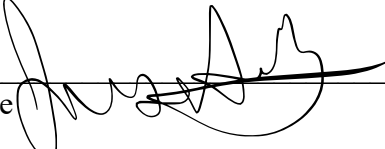
- I agree to pay the actual cost of searching, reviewing, duplicating, and/or mailing copies of the requested public records.
- I agree that, in accordance to KCC 2.36.070, if the production of records in a calendar month exceeds five person hours that I will be required to pay all the personnel costs 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 

May 15, 2023  
Date

**CITY USE ONLY**

<b>ROUTING</b>	<b>REVIEW</b>	<b>COST</b>
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: _____

<b>RECORDS GRANTED</b>	<b>RECORDS WITHHELD IN PART</b>	<b>RECORDS NOT AVAILABLE</b>
<b>DATE DELIVERED:</b> _____	<b>DATE DELIVERED:</b> _____	<b>DATE REQUESTOR WAS INFORMED:</b> _____
<b>Format:</b> <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Emailed copy <input type="checkbox"/> Faxed copy	<b>Format:</b> <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: \_\_\_\_\_