

ASTAC RECORDS INSPECTION REQUEST FORM

Send completed original form to: Arctic Slope Telephone Association Cooperative, Inc. Attn: External Relations
 4300 B Street, Suite 501, Anchorage, AK 99503
Allow 15 business days for processing.

NAME OF MEMBER <i>(Required Information - Please Print Name and Member Number)</i>	CONTACT INFORMATION <i>(Address, Phone/Email)</i>

RECORDS REQUESTED - Describe Specific Records Requested

BOOKS & FINANCIAL RECORDS	
MINUTES OF MEETINGS	
OTHER RECORDS	

PURPOSE FOR INSPECTING REQUESTED RECORDS
(State with reasonable particularity why you want to inspect the records described above.)

SIGNATURE OF REQUESTOR

I certify that I am requesting records consistent with a proper purpose as described in AS 10.25.235. I have received and read a copy of ASTAC’s Member Confidentiality Agreement form. I agree to comply with the confidentiality requirements, will not use the information except for the proper purpose described above, and will not disseminate any of the information to others. If requested by ASTAC, I agree to sign and return to ASTAC the Member Confidentiality Agreement form before I inspect the requested records determined by ASTAC to be confidential or sensitive. I further understand that ASTAC may require me to pay reasonable costs incurred by ASTAC staff for reproducing or providing the information requested.

Member Signature:	Date:
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FOR INTERNAL USE ONLY

DATE REQUEST RECEIVED	CONFIDENTIALITY AGREEMENT:			
	DATE COMPLETED	DATE SENT	SENT TO	DATE RECEIVED

INFORMATION AUTHORIZED FOR RELEASE	INFORMATION REQUEST REJECTED <i>(Details Below)</i>

INSPECTION LOCATION	INSPECTION DATE/TIME	AUTHORIZED BY