



ASTAC RECORDS INSPECTION REQUEST FORM

NAME OF MEMBER <i>Required Information</i> <i>Print Name and Member Number</i>	CONTACT INFORMATION <i>Required Information</i> <i>Mailing Address, Contact Number, E-Mail Address</i>			
RECORDS REQUESTED - Describe Specific Records Requested				
BOOKS & FINANCIAL RECORDS				
MINUTES OF MEETINGS				
OTHER RECORDS				
PURPOSE FOR INSPECTING REQUESTED RECORDS <i>(State with reasonable particularity why you want to inspect the records described above.)</i>				
SIGNATURE OF REQUESTOR				
<p>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.</p>				
Member Signature:				Date:
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		

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