Alaska OHA Litigation Disclosure Form

Alaska Department of Natural Resources
Office of History and Archaeology
550 W. 7th Ave., Suite 1310 Anchorage, AK 99501-3565
Phone: (907) 269-8721; Fax (907) 269-8908
http://www.dnr.state.ak.us/parks/oha/index.htm

For office use only

Reset Form

Date Received: _____

Project/File Name and/or Number: _____

A. DOCUMENT/DATA REVIEW REQUEST

1. I hearby request to review the following:

- ☐ Alaska Heritage Resources Survey Records
- ☐ Cultural Resources Reports
- ☐ AHRS Mapper / AHRS Physical Maps
- ☐ Other (explain)

2. These items will be reviewed:

- ☐ at OHA (550 W. 7th Ave., Suite 1310, Anchorage, Alaska 99501)
- ☐ Remotely, using OHA's web-based access
- ☐ Other (explain)

3. List of related Quadrangles/Mapsheets:
(Can use map abbreviation codes) _____

B. APPLICANT IDENTIFICATION AND ADDRESS

1. Name and Organization: _____

2. Address: _____

3. Phone Number (work): _____ 4. Phone Number (Cell): _____

5. Email Address (work): _____ 6. Alternative Email Address: _____

7. OHA IBS User Agreement Number (if applicable): _____

8. PA or MOA Number and date (if applicable): _____

C. LITIGATION STATEMENT AND APPLICANT SIGNATURE

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 40.25.112).*

I hearby 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 mannor relevant to the records I request to review. I understand that this Litigation Disclosure Form is binding upon all data and records obtained from OHA, including those obtained under the applicable IBS, PA, and/or MOA agreements listed above.

1. Signature Field: _____ 2. Date: _____

Note: Digitally signing the signature field in Adobe Acrobat locks all other entry fields. Make sure the rest of the form information is correct and complete before digitally signing.

D. RESTRICTED INFORMATION WITHHELD

☐ 1. Information has been withheld from the file prior to your review. The withheld information is restricted from public access under AS 40.25.120 or is otherwise subject to a claim of privilege recognized under Alaska law.

2. Name of department employee supervising the file review: _____