IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA AT

U.S. ATTORNEY REQUEST FOR SEALED SEARCH WARRANT RECORDS

I request copies of all records pertaining to the following search warrant number(s):	
 Date	U.S. Attorney's Office Representative
Date	0.5. Attorney's Office Representative
	Print Name:
	Daytime Phone:
STATE OR MUN	ICIPAL PROSECUTOR'S REPLY
The state or municipality \sum does not opportunity	ose this request
Date	Prosecutor's Signature ABA #
	Print Name:
	ORDER
Request GRANTED. The clerk shall unter then immediately reseal them.Request DENIED.	nseal the search warrant records to satisfy this request and
Date	Judge
	Type or Print Judge's Name
I certify that on a copy of this order was given or sent to: U.S. Attorney's Office State or Municipal Prosecutor Clerk:	

Clerk Instruction: The Administrative Director has authorized a <u>temporary</u> fee waiver for search warrant records requested by the U.S. Attorney's Office until August 1, 2018.