

# Assembly Counsel: Request for Services

\* Required

1. Requested by: \*



2. Type of work: \*

- AO
- AR
- AM
- AIM
- Research
- Other

3. Brief description of project:

(What problem or issue led to request; fact scenario; desired results or effect; information needed; Department(s) affected) \*

4. Resources:

(Other cities with similar code, state law, MOA Dept., stakeholder organization, etc.)

Please email resources to [MASAssemblyCounsel@anchorageak.gov](mailto:MASAssemblyCounsel@anchorageak.gov). \*

5. Have other departments or offices been contacted? \*

Department of Law

Clerk's Office

Legislative Services

Other

6. Sensitivity: \*

Confidential= requestor only

Limited= time or person limited sharing

Shared= named collaborators

Public= open

7. Assembly Action Target Date: \*

Please input date (M/d/yyyy)



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