

1 **STATE OF ALASKA**

2 **THE REGULATORY COMMISSION OF ALASKA**

3
4 Before Commissioners:

T.W. Patch, Chairman
Kate Giard
Paul F. Lisankie
Robert M. Pickett
Janis W. Wilson

5
6
7 In the Matter of)
8 [INSERT DOCKET CAPTION HERE])
9)
10)

[INSERT DOCKET NUMBER HERE]

11 **REQUEST FOR WAIVER OF ELECTRONIC FILING REQUIREMENTS**

12
13 [NAME] hereby requests that the Commission grant it a waiver of the electronic filing
14 requirements found in 3 AAC 48.095. This request is made in order to allow [NAME] to file,
15 serve and accept service on paper. The undersigned certifies that [NAME]: [Check at least one
16 (1) of the boxes shown below]

- 17
- 18 Does not own or have reasonable access to the electronic equipment and software
necessary to make an electronic filing;
 - 19 Does not have a broadband Internet access connection to make an electronic
20 filing;
 - 21 Would incur interexchange per-minute charges to make an electronic filing;
 - 22 Lacks a scanner, and a scanner is necessary to make an electronic filing; or
 - 23 Has attached an affidavit to this pleading that sets out the factual basis for why
24 compliance with the Commission's electronic filing requirements is not reasonably
25 possible or would lead to undue hardship.

26 [DOCKET NUMBER], Request for Waiver of Electronic Filing Requirements
[DATE]

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[NAME] understands that a waiver of the Commission's electronic filing requirements applies only to its participation in Docket [DOCKET NUMBER]. [NAME] will immediately notify the Commission when it is able to send and receive electronic filings.

DATED this [] day of [MONTH], [YEAR]

Respectfully Submitted,

By: _____
[SIGNATORY NAME]
[MAILING ADDRESS]
[CITY, STATE, ZIP CODE]
[PHONE NUMBER]
[FAX NUMBER]
[ELECTRONIC MAIL ADDRESS]
[ATTORNEY BAR NUMBER, if applicable]

CERTIFICATE OF SERVICE

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I hereby certify that on [DATE], a copy of the Request for Waiver of Electronic Filing Requirements was served on [NAMES AND ADDRESSES OF PARTIES SERVED] by [METHOD OF SERVICE] on the [] day of [MONTH], [YEAR].

By: _____