STATE OF ALASKA

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2	THE REGULATORY COMMISSION OF ALASKA		
3 4	Before Commissioners:	T.W. Patch, Chairman Kate Giard	
6		Paul F. Lisankie Robert M. Pickett Janis W. Wilson	
7 8 9	In the Matter of (INSERT DOCKET CAPTION HERE) ()	[INSERT DOCKET NUMBER HERE]	
10			
12	REQUEST FOR WAIVER OF ELECTRONIC FILING REQUIREMENTS		
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]		
18	Does not own or have reasonable acc necessary to make an electronic filing	ess to the electronic equipment and software	
20	Does not have a broadband Intern filing;	et access connection to make an electronic	
21	Would incur interexchange per-minu	te charges to make an electronic filing;	
22	Lacks a scanner, and a scanner is nec	essary to make an electronic filing; or	
24 25	<u> </u>	ading that sets out the factual basis for why lectronic filing requirements is not reasonably ship.	
26	[DOCKET NUMBER], Request for Waiver of Electronic Filing Requirements [DATE] Page 1 of 3		

1	[NAME] understands that a waiver of the Commission's electronic fling requirements
2	applies only to its participation in Docket [DOCKET NUMBER]. [NAME] will immediately notify
3	the Commission when it is able to send and receive electronic flings.
4	DATED this day of [MONTH], [YEAR]
5	
6	Door out faith. Calcust the d
7	Respectfully Submitted,
8	By:
9	[SIGNATORY NAME]
10	[MAILING ADDRESS] [CITY, STATE, ZIP CODE]
11	[PHONE NUMBER] [FAX NUMBER]
12	[ELECTRONIC MAIL ADDRESS]
13	[ATTORNEY BAR NUMBER, if applicable]
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26	[DOCKET NUMBER], Request for Waiver of Electronic Filing Requirements [DATE]

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1	CERTIFICATE OF SERVICE	
2	I hereby certify that on [DATE], a copy of the Request for Waiver of Electronic Filing	
3	Requirements was served on [NAMES AND ADDRESSES OF PARTIES SERVED] by [METHOD OF	
4	SERVICE] on the day of [MONTH], [YEAR].	
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6	Ву:	
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26	[DOCKET NUMBER], Request for Waiver of Electronic Filing Requirements	

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