



Date Stamp

Claimant Information

Phone Number: _____ Email Address: _____

Name _____ Telephone _____

[illegible]

WARNING:

- Alaska Statute 11.56.210 states that any person who knowingly furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.

AFFIDAVIT OF CLAIMANT

I, _____, on oath and under the penalty of unsworn falsification, depose and say: I am the claimant named above, and to the best of my knowledge and belief, the foregoing statements are true and correct.

(Claimant's Signature)

On this _____ day of _____, 20____

In witness thereof I set my hand and affix my seal on the date shown above.

Notary Public in and for the State of _____

My commission expires on _____