



CAPE FOX CORPORATION

P.O. Box 8558
Ketchikan, AK 99901
Tel: 907.225.5163
Fax: 907.225.3137
www.capefoxcorp.com

INFORMATION REQUEST FORM

Required Information (PLEASE PRINT)

Name: _____

Address: _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Are you a shareholder of Cape Fox Corporation? Yes No
Are you a custodian for a shareholder of Cape Fox Corporation? Yes No

Only one Information Request Form may be submitted per week. Please put all requested information on one form. Any additional requests in the same week will be rejected.

Information requested:

Detailed purpose of request:

For requests that require more than three hours to process, an administrative fee of \$25.00 per hour will be enforced.
 Request to waive the administrative fee due to financial hardship.

For requests that require more than 100 pages of copies, a third-party vendor will be contacted to create the copies for the requester. This service will include a copy fee, which must be paid by the requester, to the third-party vendor prior to the services being rendered.
 Request to waive the copy fee due to financial hardship.

By signing below, you agree that all information provided to you by Cape Fox Corporation is confidential; and you agree to protect all information from unauthorized use and dissemination – including to other shareholders without the approval of Cape Fox Corporation.

Requester Signature _____ Date _____

Administrative Approval

Approved Denied

Comments:

Officer Signature _____ Date _____