

## **DATA RELEASE FORM FOR COPIES OF TRIPS**

- The only individuals who may request and receive copies of completed AMMOP data forms are ADFG fishing permit holders who participated in the fishery monitored by the NOAA/National Marine Fisheries Service/Alaska Marine Mammal Observer Program. A permit holder may only request and receive data completed of observation of that permit holder's fishing operations.
- Any request for copies of completed observer forms must be submitted in writing on an AMMOP Data Release Request Form (see reverse side), which may be obtained from a NMFS observer or the address below. All signed and completed requests must be sent to the following address:

Program Coordinator, Alaska Marine Mammal Observer Program  
National Marine Fisheries Service  
Office of Protected Resources  
P.O. Box 21668, Room 461  
Juneau, Alaska 99802

- Upon release of the requested data, the permit holder becomes responsible for it.
- All requests must be completed in pen.

**\*\*\*SEE FORM ON REVERSE SIDE\*\*\***

**DATA RELEASE REQUEST**

---

(Date of Request)

Program Coordinator, Alaska Marine Mammal Observer Program  
National Marine Fisheries Service  
Office of Protected Resources  
P.O. Box 21668, Room 461  
Juneau, Alaska 99802

Dear AMMOP Coordinator:

I am a permit holder in the State of Alaska - Southeast Alaska salmon drift gillnet fishery and request the release to myself a copy of all data collected and recorded by an observer from the NOAA/National Marine Fisheries Service- Alaska Marine Mammal Observer Program of my fishing operations on the following date(s):

---

(MMDDYY - please list each date separately, separated by commas)

I understand that I am responsible for these data upon release to me by NOAA/ National Marine Fisheries Service. I further understand that the data I receive may be preliminary and not yet completely reviewed or finalized by the Alaska Marine Mammal Observer Program.

---

(SIGNATURE)

---

(PRINTED NAME)

---

(FISHERY PERMIT #)

Address to which data should be sent:

---

Street/ PO Box

---

City, State, Zip

*OFFICE USE ONLY:*

*Date requested data received/ issued*

*Signature of data releaser*

NOAA Fisheries Alaska Marine Mammal Observer Program

---