



STATE OF ALASKA
Department of Health and Social Services
Division of Public Assistance

FEE AGENT UPDATE FORM

The Division of Public Assistance is updating the list of volunteer fee agents statewide. We currently have your name in our volunteer fee agent listing. Please provide us with your current information by completing section A.

If you are no longer an active volunteer fee agent and would like to be taken off the list, you will also need to complete section B by checking the box.

Please return the completed form to:

Three horizontal lines for return address information.

A. Current Information

Last Name First Name MI

Address City State Zip

Daytime Contact Phone Work Phone Cell Phone

Email Fax Number

B. [ ] I no longer wish to be a fee agent

Reason (optional):

Three horizontal lines for optional reason information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If you know of anyone who would like to become a fee agent, please have them contact us.