



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Public Safety
Violent Crimes Compensation Board**

5700 East Tudor Road
Anchorage, Alaska 99507
800-764-3040
vccb@alaska.gov

Claimant Name: _____

Claim No.: _____

REQUEST FOR RECONSIDERATION

I _____, the claimant above, request reconsideration of the decision of the Violent Crimes Compensation Board for the following reasons:

Note: Attach any additional documentation you would like the VCCB to consider to this Request for Reconsideration Form.

Claimant's Signature _____ Date _____