



CITY CLERK'S OFFICE
 P.O. BOX 5021
 GREAT FALLS, MT 59403
 (406) 455-8451

*** * REQUEST FOR PUBLIC RECORDS * ***

REQUESTOR'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

RECORDS REQUESTED: Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records (dates, names, legal description of property, etc.). Please indicate which records you wish to photocopy (fee for plain photocopies is .25 each). Otherwise, the records will be made available for your review. If you wish the City to make copies for you and/or mail copies to you, there will be a charge in addition to the per page copy charge of actual postage costs. Depending on the complexity of the request, the City will endeavor to fill requests within 1-5 business days.

Signature: _____ Date: _____

Date Received:	Received By:	Forwarded To:	Date Completed:
Fees: Copy Charge for _____ pages @ .25 \$_____		Comments:	
Other Fees \$_____			
Total \$_____			

