



MUNICIPAL COURT REQUEST FOR PUBLIC RECORDS

I, _____, (applicant), do hereby make application for inspection and/or copying of the following public records of the City of Great Falls Municipal Court.

To assist us in locating these records quickly, please be as specific as possible in your request

Defendant's name: _____

Docket # (if known): _____

Offense type/Date charged (if known): _____

Other:

Applicant signature _____ Date: _____

Address: _____

Phone: Home: _____ Work: _____

PLEASE ALLOW 3-5 BUSINESS DAYS FOR RESEARCH TO BE COMPLETED

Research will be held for 2 weeks from the requested date. If the research is not picked up and paid for, the second request will require posting of \$20 before second request will be completed.

Fees:

General copies (\$1/page) Qty: _____ Total: _____

Certified copies (\$2 per document certified) Qty: _____ Total: _____

CD Recordings (\$25/CD-w/player download) Qty: _____ Total: _____

Grand Total: _____

INTERNAL USE ONLY BELOW THIS LINE

THE ABOVE REQUESTED COPIES OF RECORDS ARE: (Check one)

- Available for pick up at the Municipal Court Window.
- Currently in storage/use and not available for copying at this time. These records will be made available to you _____, 200__.
- Not subject to disclosure pursuant to Montana Public Records Statutes (Art. II, Sec. 9, Mont. Const.; M.C.A. 7-1-4144.)
- Not accessible due to vagueness of request. More information required.