Public Records Request Form

Left
Forms, Permits, and Applications
Requestor's Contact Information Name: *
E-mail: *
Address: *
City: *
State: * - Select -
Zip: *
Phone: *
Records Request 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 if you are requesting: * ❏ photocopies
❏ the records made available for review
❏ if possible, the requested records scanned and sent electronically to an email address

Verification
Depending on the complexity of the request, the City will endeavor to fill requests within 1-5 business days. If the record is in use or unusual circumstances have delayed handling the request, the requester shall be informed of the reason for the delay and of a reasonable time frame for response.

Please verify your request by re-entering your name and entering today's date.

Request Verification (your name): *
Today's Date: * Month
Day
Year

Disclaimer
Disclaimer: Written communications to and from City employees are subject to Montana's Right To Know law (Article II, Sec. 9, Montana Constitution) and can be considered a Public Record pursuant to § 2-6-202, MCA, available for public disclosure.

(If you're a human, don't change the following field) Enter your name: 465729914657
Your first name.
Please enable Javascript to use this form. (If you're a human, don't change the following field) Enter your name: 0a006680a
Your first name.
Please enable Javascript to use this form. (If you're a human, don't change the following field) Enter your name: e7896bfbe
Your first name.
Please enable Javascript to use this form. Submit

Source URL (retrieved on *04/23/2014 - 1:27am*): http://www.greatfallsmt.net/cityclerk/public-records-request-form