<u>City of Dillon</u> <u>Request for Public Records Form</u>

	nt), do hereby make application for inspection
and/or copying of the following public records of the City of Di	llon, Montana.
(Please be as specific as possible to assist us in local	ating the records as quickly as possible.)
Applicant Signature	Date
Fill out only if request cannot be filled right away, so we can Name:	
A January	
Daytime Phone:	
Interna	l Use Only
TO APPLICANT:	
TO AT EICHVI.	
THE ABOVE REQUESTED RECORDS ARE: (check o	ne)
Assilable for inspection immediately year mass	
 Available for inspection immediately upon proce To be copied at your expense and will be made a 	vailable to you on theday of,
20, ato'clock	
	blic Records Statutes (Art. II, Sec. 9, Mont. Const., MCA
7-1-4144) The subject of a written request for a determination	on from the Attorney General as to whether they are subjec
The subject of a written request for a determination to disclosure.	on from the Attorney General as to whether they are subject
□ Not in existence, due to "vagueness" of request.	(Not enough information to process request).
 Not in existence due to the fact that it requires the 	e creation of documents.
Dept. Head Authorization:	Date:
I approve and agree to pay the copy fees associated with the	is request:
A 1:	
Applicant I	Oate Control of the C
Initials of Person Filling Request	FEES
Department Total Charge	Uncertified Copies \$0.15 per page
- Total Olinigo	Certified Copies \$1.00 per page
•	Employee Time to Search for Records \$25/hr If Records Require Examination by City Attorney \$125/hr
	Request for Documents in Electronic Form \$2/hr, please
	provide a USB drive