

CITY OF BILLINGS
REQUEST FOR PUBLIC RECORDS

I, _____, (Applicant), do hereby make application for inspection and/or copying of the following public records of the City of Billings, Montana.

(Please be as specific as possible in your request to assist us in locating the records as quickly as possible.)

(Applicant) _____ Date: _____
Address: _____
Phone: Home: _____ Work: _____
DEPT. HEAD AUTHORIZATION: _____

“INTERNAL USE ONLY BELOW THIS LINE”

TO APPLICANT:
THE ABOVE REQUESTED RECORDS ARE: (Check one.)

- Available for inspection in the office of the City Clerk immediately upon processing your request.
- To be copied at your expense and will be made available to you on _____ (date) at _____ o'clock __.M.
- Currently in storage/use and not available for inspection/copying at this time. These records will be made available to you in the office of _____ on the _____ day of _____, 200__, at _____ o'clock __.M.
- Not subject to disclosure pursuant to Montana Public Records Statutes (Art II, Sec 9, Mont. Const.; M.C.A. 7-1-4144.)
- The subject of a written request for a determination from the Attorney General as to whether they are subject to disclosure.
- 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 creation of documents.

_____ **NUMBER OF COPIES OR PAGES.** **PER PAGE CHARGE: \$0.25**
TOTAL CHARGE: \$_____ **INITIALS OF PERSON FILLING REQUEST: _____**