



CITY OF BILLINGS
REQUEST FOR PUBLIC RECORDS

I, , (Applicant), do hereby make application for receipt, 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 staff in locating the records as quickly as possible)

Applicant: Date:
Address:
Cell: Work:
Email Address:

Signature:

INTERNAL USE ONLY BELOW:

TO APPLICANT - THE ABOVE REQUESTED RECORDS ARE (check one):
[] Available for inspection in the office of the City Clerk immediately upon processing your request.
[] Available for inspection in the office of the City Clerk immediately upon processing your request.
[] Available for inspection in the office of the City Clerk immediately upon processing your request.
[] To be copied at your expense and available to you on (date), at o'clock .M.
[] Currently in storage/use and not available for inspections/copying at this time. These records will be made available to you , 20 , at o'clock .M.
[] Items not subject to disclosure pursuant to Montana Public Records Statutes. Montana Public Records Act § 2-6-1001 et seq., MCA, Article II, Sec. 9, Mont. Const., And Title 44, Chapter 5, Part 3, MCA.
[] Not accessible due to vagueness of request. More information required.
[] Available in an electronic format and emailed (date), at o'clock .M.
TOTAL NUMBER OF COPIES OR PAGES: PER PAGE CHARGE: \$0.25
INITIAL OF PERSON FILLING REQUEST: TOTAL CHARGE: \$
NOTES: