

CITY OF BILLINGS
City Attorney's Office

REQUEST FOR PUBLIC CRIMINAL & LEGAL RECORDS

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

(Please be specific as to what documents you are requesting (ie. case report, incident report, supplements, etc. *If your request pertains to another department, your request should be sent directly to said department or the City Clerk's Office. *)

(Applicant Signature) _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: Home: _____ Work: _____

Email: _____

"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 _____, 20____, at _____ o'clock __.M.
- Items not subject to disclosure pursuant to Montana Public Records Statutes are located in the following: Montana Public Records Act § 2-6-1001 et seq., MCA, Article II, Sec. 9, Mont. Const., 7-1-4144 MCA, and Title 44, Chapter 5, Part 3, MCA.
- 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: _____