

# PUBLIC INFORMATION REQUEST

PARK COUNTY  
414 EAST CALLENDER LIVINGSTON MONTANA 59047  
PHONE: (406) 222-4106 FAX: (406) 222-4100  
WEBSITE: WWW.PARKCOUNTY.ORG

## Section A - Requester Information (Please Print)

Please provide enough information so we can contact you regarding your request.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Section B - Record(s) Requested

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist staff in locating the record(s). If you need additional space, please attach additional pages.

## Section C - Receiving Records

Please specify format and delivery of receiving the requested record(s).

We make every effort to fulfill requests within 2 working days. If this time frame cannot be met, we will call you to discuss it. Electronic formats are delivered via .pdf files.

- I would like to pick up the requested record(s) in person.
  - Email
  - Fax - the fax number is listed above.
  - Mail - the mailing address is listed above. Choose your preferred format:  Hard Copy  CD-ROM
- Park County will notify me of the cost plus postage, if applicable.

*\*\*This document is a public record.\*\**

**Signature of Requesting Individual** \_\_\_\_\_ **Date** \_\_\_\_\_

Check or money order accepted for all charges. Please make payable to Park County.

**Information Received by:** \_\_\_\_\_ **Date** \_\_\_\_\_

## FOR OFFICE USE ONLY

Request for Record(s) Received on: \_\_\_\_\_

Total No. of Copies: \_\_\_\_\_

Date Requester Notified Record(s) are completed and payment is due:

Document Cost: \$ \_\_\_\_\_

Payment Method:  Cash  Check  Money Order

Postage Cost: \$ \_\_\_\_\_

Payment Received on: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_