

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: \$ _____