



**PUBLIC INFORMATION REQUEST**

PARK COUNTY

414 EAST CALLENDER LIVINGSTON, MONTANA 59047

PHONE (406) 222-4110 FAX (406) 222-4193

WEBSITE: WWW.PARKCOUNTY.ORG

Received

Date \_\_\_\_\_

**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 that 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.

PIR:  Approved

Not Approved

\*Letter Attached

**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 records in person.

Email

Fax – the fax number is listed above.

Mail – Hard copy, the mailing address is listed above. Park County will notify me of the cost plus postage, if applicable.

\*\*\*this document is public record\*\*

**1 Signature of requesting individual** \_\_\_\_\_ Date: \_\_\_\_\_

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

**2 Information received by:** \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Request for records 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** \$ \_\_\_\_\_