

**City of Conrad**  
**Request for Public Records Form**

I, \_\_\_\_\_, (Applicant), do hereby make application for inspection and/or copying of the following public records of the City of Conrad, Montana.

(Please be as specific as possible to assist us in locating the records as quickly as possible.)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Fill out only if request cannot be filled right away, so we can contact you when the copies are made.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Internal Use Only**

TO APPLICANT:

THE ABOVE REQUESTED RECORDS ARE: (check one)

- Available for inspection immediately upon processing your request.
- To be copied at your expense and will be made available to you on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M.
- Not subject to disclosure pursuant to Montana Public Records Statutes (Art. II, Sec. 9, Mont. Const., MCA 7-1-4144)
- 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.

Dept. Head Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

I approve and agree to pay the copy fees associated with this request:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials of Person Filling Request

\_\_\_\_\_  
Department

\$ \_\_\_\_\_  
Total Charge