



**CITY OF BILLINGS**  
**REQUEST FOR PUBLIC RECORDS**

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

*(Please be as specific as possible in your request to assist staff in locating the records as quickly as possible)*

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**INTERNAL USE ONLY BELOW:**

TO APPLICANT - THE ABOVE REQUESTED RECORDS ARE (check one):

- Available for inspection in the office of the City Clerk immediately upon processing your request.
- Available for inspection in the office of the City Clerk immediately upon processing your request.
- Available for inspection in the office of the City Clerk immediately upon processing your request.
- To be copied at your expense and available to you on \_\_\_\_\_ (date), at \_\_\_\_\_ o'clock \_\_\_\_\_ .M.
- Currently in storage/use and not available for inspections/copying at this time. These records will be made available to you \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ .M.
- Items not subject to disclosure pursuant to Montana Public Records Statutes.  
Montana Public Records Act § 2-6-1001 et seq., MCA, Article II, Sec. 9, Mont. Const., And Title 44, Chapter 5, Part 3, MCA.
- Not accessible due to vagueness of request. More information required.
- Available in an electronic format and emailed \_\_\_\_\_ (date), at \_\_\_\_\_ o'clock \_\_\_\_\_ .M.

TOTAL NUMBER OF COPIES OR PAGES:

PER PAGE CHARGE: \$0.25

INITIAL OF PERSON FILLING REQUEST:

TOTAL CHARGE: \$

NOTES: