



Town of Manhattan Request for Records Form

I, _____, (Applicant), do hereby make application for inspection and/or copying of the following public records of the Town of Manhattan, Montana.

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

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 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

_____ Initial of person filling request

_____ Number of pages

\$_____ Total Charge