

City of Kalispell
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 Kalispell, Montana. By signing, I am confirming that I have read and agree to Resolution No. 5804.

Records Requested (Please be as specific as possible):

Applicant Signature

Date

I prefer to receive my request via:

Email

Mail

Pick-up

Name: _____

Organization (if applicable): _____

Email Address: _____ Daytime Phone: _____

Address

City, State,

Zip:

TO BE COMPLETED INTERNALLY

Date Request Received: _____

To Applicant:

If marked with a check, the following applies to records requested above. Please review and sign below if you agree to pay the fees associated (if any) with the request. Upon return of this signed form, the request will be processed pursuant to Resolution 5804.

The request is a routine record and can be provided to you electronically at no charge.

The request is available for inspection. The records can be emailed to you or if too large to email can be examined at no charge since the request took 15 minutes or less to fulfill. If you would like copies of the documents, please pay the fee listed below for copies or electronic media. The City will then copy the documents or provide them to you electronically in a timely manner.

It is estimated that the request will take more than 15 minutes to prepare and fulfill. The City estimates that _____ hours will be required to fulfill the request at the current hourly rate of _____ per hour. In addition, you will be charged 25 cents per page, and approximately _____ for the cost of _____ related to the cost of fulfilling your request. This is just an estimate, and it may cost more to fulfill the request. If so, you will be verbally notified prior to continuing. If you agree to pay the costs associated with this request, sign below under APPLICANT AGREEMENT and the City will continue with this request.

The video/audio footage requested is _____ hour(s), _____ minute(s) long. The estimated cost is _____ in addition to the \$20 base fee. This is just an estimate; it may cost more to fulfill the request. If so, you will be verbally notified prior to continuing. If you agree to pay the costs associated with this request, sign below under APPLICANT AGREEMENT and the City will continue with this request.

The records requested are not subject to disclosure pursuant to Montana Public Records Statutes (Art. II, Sec. 9, Mont. Const., MCA 7-1-4144).

The records requested are the subject of a written request for a determination from the Attorney General as to whether they are subject to disclosure.

The records requested cannot be determined due to "vagueness" of request. (Not enough specific information to process request). Please provide further detail.

The records requested are not in existence because they have not been created. If you would like to examine documents to create the record yourself, please speak further with the City Clerk and note the conditions listed in Section 10 of Resolution 5804.

Department: _____

Name and contact of employee filling the request: _____

Estimate of cost to fulfill the request: _____

Employee Signature: _____ Date: _____

(END INTERNAL ONLY)

APPLICANT AGREEMENT

I _____ (applicant) have reviewed this policy and the information provided above and agree to pay the fees associated with this request. I understand the price quoted is an estimate and the actual cost of fulfilling the request may be more or less.

Applicant Signature

Date

TO BE COMPLETED INTERNALLY UPON COMPLETION OF REQUEST

This request was completed on _____ by staff member: _____

The requestor paid _____ in fees associated with this request prior to receipt of records.

Records were provided on _____ to the requestor in the following manner:

Additional Notes from Staff:

This request has been logged into the Public Record Requests Log Sheet and a copy will be placed in the Share drive in Record Requests.