

City of East Helena
REQUEST FOR PUBLIC RECORDS



Name & Org.: _____ Date: _____

Address: _____

Phone: _____ Ext. _____ Email: _____

I, _____, (Name), do hereby make application for inspection and/or copying of the following public records of the City of East Helena, Montana:

Please be as specific as possible in your request to assist City staff in locating the records as quickly as possible. Supply additional pages as needed.

Note: Resolution No. 487 establishes fees to be charged for public records searches and copying.

- o There is no fee for fulfilling public information requests that produce 15 pages or less of information or for requests that will take 30 minutes or less of staff time to identify, gather, and provide to the requesting person.
- o Fees for copying and producing printed material are in addition to the actual labor costs described above and are outlined in Resolution No. 487.
- o Prior to fulfilling a request for public information that will take more than 30 minutes of staff time, City staff responding to the request shall provide the person requesting the public information with an estimate of the time it will take to fulfill the request and the amount of the fees that may be charged pursuant to Resolution No. 487.
- o Payment of these fees, if the estimated total amount is equal to or less than \$250.00, is required in full prior to releasing the public information. If the total fee amount is estimated to be greater than \$250.00, the requestor must remit payment of \$250.00 prior to City staff identifying and gathering the requested public information.

Contact Information: cityclerk@easthelenamt.us or call 406-227-5321

Internal Use:

Date/Time Received: _____ Method Received: email/mail/walk-in/other

Received By: _____ Forwarded To/Date: _____

Completion Date: _____ City Attorney Review Date: _____

Special Comments: _____ Est. Cost: _____ Final Cost: _____

