



PUBLIC INFORMATION REQUEST

PARK COUNTY

414 EAST CALLENDER LIVINGSTON, MONTANA 59047

PHONE (406) 222-4110 FAX (406) 222-4193

WEBSITE: WWW.PARKCOUNTY.ORG

Received

Date _____

Section A- Requester Information (Please Print)

Please provide enough information so we can contact you regarding your request.

First Name _____ MI ____ Last Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Phone _____ Cell Phone _____ Fax _____

Section B – Record(s) Requested

Describe the record that you are requesting. Please be as specific as possible and include enough detail to assist staff in locating the record(s). If you need additional space, please attach additional pages.

[Empty box for describing the record(s) requested]

PIR: Approved

Not Approved

*Letter Attached

Section C - Receiving Records

Please specify format and delivery of receiving the requested record(s)

We make every effort to fulfill requests within 2 working days. If this time frame cannot be met, we will call you to discuss it.

Electronic formats are delivered via .pdf files.

I would like to pick up the requested records in person.

Email

Fax – the fax number is listed above.

Mail – Hard copy, the mailing address is listed above. Park County will notify me of the cost plus postage, if applicable.

***this document is public record**

1 Signature of requesting individual _____ Date: _____

Check or money order accepted for all charges. Please make payable to Park County.

2 Information received by: _____ Date: _____

For Official Use Only

Request for records received on: _____

Total No. of Copies _____

Date requester notified record(s) are completed and payment is due _____

Document Cost: \$ _____

Payment method Cash Check Money Order

Postage Cost: \$ _____

Payment received on: _____

TOTAL Cost \$ _____