



106 1st Street E., Polson, MT 59860
 406-883-8200 Fax 406-883-8238
 www.cityofpolson.com



Request for Public Information

Date: ___ / ___ / ___

Name _____ Telephone Number: (___) _____

Address _____

Specific information requested, including dates, names and other specifics:

Specific file requested, including names and dates:

Personal information that may form a part of the information requested will be removed before viewing, in the interests of the privacy of the affected individual. Persons requesting information agree to return papers/files in the condition as received, including the order of pages within a document or file. Documents shall stay in the designated area and in view of a City employee while reviewing the information.

 Signature of person requesting information

OFFICE ONLY:

Date Received: ___ / ___ / ___ Time Received: _____ Request Received by: _____
 Department: _____ Facility _____ Bldg./Plan. _____ Water/Sewer _____ Parks _____ Street _____

Assigned to: _____ per City Manager _____

Fee: per Ordinance No. 640 Rev 12/15/08

8 1/2 x 11 copies @ \$.30 per page =	\$ _____
duplex copies @ \$.50 per page =	\$ _____
11 x 17 copies @ \$.75 per page =	\$ _____
larger copies @ \$2.50 per page =	\$ _____
RESEARCH @ \$30.00 per hour =	\$ _____
TOTAL DUE	\$ _____