



TOWN OF WHITEHALL  
REQUEST FOR PUBLIC RECORDS FORM

I, \_\_\_\_\_, (Applicant), do hereby make an application for inspection and/or copying of the following public records of the Town of Whitehall, Montana. By signing, I am confirming that I have read and agree to Resolution No. 2016-2.

Please be as specific as possible to assist us in locating the records as quickly as possible:

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please fill out so we can contact you when the copies are ready and available for pick up.

Do you prefer to receive your request through (circle): Mail Pick-up

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 AM/PM.

\_\_\_\_\_ Not subject to disclosure pursuant to Montana Public Records Statutes (Art. II, Sec. 9, Mont. Const., § 7-1-4144, MCA).

\_\_\_\_\_ The subject of a written request for a determination from the Attorney General 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 creation of documents.

Office of Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Total Charge: \_\_\_\_\_

FOR THE APPLICANT TO COMPLETE

I approve and agree to pay the copy fees associated with this request:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date