

**Town of Twin Bridges
Request for Public Records**

I, _____ (Applicant), do hereby make application for inspection and/or copying of the following public records of the Town of Twin Bridges,

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|--|
| Please be as specific as possible to assist us in locating the records as quickly as possible. |
| |
| |
| |

Applicant Signature: _____ Date: _____

| |
|---|
| Fill out only if request cannot be filled right away, so the Town can contact you when copies are made. |
|---|

Name: _____
Address: _____
Phone: _____

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

Applicants signature: _____ Date: _____

| |
|--------------------------|
| INTERNAL USE ONLY |
|--------------------------|

To Applicant: The Above requested Records are: (check one)

| |
|---|
| <input type="checkbox"/> Available for Inspection immediately upon processing your request. |
| <input type="checkbox"/> To be copied at your expense and will be made available to you on the _____ day of _____, 20_____, at _____ o'clock am/pm. |
| <input type="checkbox"/> Not subject to disclosure pursuant to MT Public Records Statues, Art. II, Sec 9, MT Const., 7-1-4144, MCA. |
| <input type="checkbox"/> Not in existence, due to "vagueness" of request. (Not enough information to process request.) |
| <input type="checkbox"/> Not in existence due to the fact that it requires the creation of documents. |

Signature of Town Clerk: _____ Date: _____

Signature of Mayor: _____ Date: _____

| | |
|----------|------------------------------------|
| _____ | Initials of Person Fillign Request |
| _____ | Department |
| \$ _____ | Total Charge |