

**City of Kalispell**  
**Request for Public Records Form**

I, \_\_\_\_\_, (Applicant), do hereby make application for inspection and/or copying of the following public records of the City of Kalispell, Montana. By signing, I am confirming that I have read and agree to Resolution No. 5804.

Records Requested (Please be as specific as possible):

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

\_\_\_\_\_  
Date

**I prefer to receive my request via:**

Email

Mail

Pick-up

Name:

Organization if applicable:

Email Address:

Daytime Phone:

Address:

Please submit completed and signed form to [cityclerk@kalispell.com](mailto:cityclerk@kalispell.com), or  
Attn: City Clerk, 201 First Avenue East, PO Box 1997, Kalispell, MT 59903

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**FOR INTERNAL USE ONLY**

Date Request Received: \_\_\_\_\_

**To Applicant:**

**If marked with a check, the following applies to the records you have requested above. Please review and sign below if you agree to pay the fees associated (if any) with your request. Upon return of your signature, your request will be processed pursuant to Resolution 5804.**

Your request is a routine record and can be provided to you electronically at no charge.

Your request is available for inspection. I can email the records to you, or if too large to email you can come by and examine the records at no charge since your request took 15 minutes or less to fulfill. If you would like copies of the documents, please pay the fee listed below for copies or electronic media. The City will then copy the documents or provide them to you electronically in a timely manner.

It is estimated that your request will take more than 15 minutes to prepare and fulfill. The City estimates that \_\_\_\_\_ hours will be required to fulfill your request at the current hourly rate of \_\_\_\_\_ per hour. In addition, you will be charged 25 cents per page, and approximately \_\_\_\_\_ for the cost of \_\_\_\_\_ related to the cost of fulfilling your request. This is just an estimate and it may cost more to fulfill your request. If so, you will be verbally notified prior to continuing. If you agree to pay the costs associated with this request, please provide the estimated payment, sign below and the City will continue with this request. (MCA 2-6-1006)

The video/audio footage you have requested is \_\_\_\_\_ hour(s), \_\_\_\_\_ minute(s) long. The estimated cost is \_\_\_\_\_ in addition to the \$20 base fee. This is just an estimate and it may cost more to fulfill your request. If so, you will be verbally notified prior to continuing. If you agree to pay the costs associated with this request, please provide the estimated payment, sign below and the City will continue with this request.

The records you have requested are not subject to disclosure pursuant to Montana Public Records Statutes (Art. II, Sec. 9, and 10, Montana Constitution).

The records you have requested are the subject of a written request for a determination from the Attorney General as to whether they are subject to disclosure.

The records you have requested cannot be determined due to "vagueness" of request. (Not enough specific information to process request). Please provide further detail.

The records you have requested do not exist, or would require the creation of documents. If you would like to examine documents to create the record yourself, please speak further with the City Clerk and note the conditions listed in Section 10 of Resolution 5804.

Department:

Initials of employee filling the request:

Estimate of cost to fulfill the request:

Dept. Head Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**END INTERNAL USE ONLY**

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I \_\_\_\_\_ (applicant) have reviewed this policy and the information provided above and agree to pay the fees associated with this request. I understand the price quoted is an estimate and the actual cost of fulfilling the request may be more. I have provided payment for the estimated cost.

Estimated Cost of Fulfilling Request \$ \_\_\_\_\_

Amount Paid by Requestor Prior to Fulfilling Request \$ \_\_\_\_\_

Received by: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Total Cost of Fulfilling Request: \$ \_\_\_\_\_

Remaining Amount Paid by Requestor (if applicable) \$ \_\_\_\_\_

Amount Refunded to Requestor (if applicable) \$ \_\_\_\_\_

Notes from Staff: