

318 SOUTH CENTRAL AVENUE Ph: 406-742-5616

P.O. BOX 426 Fax: 406-742-5480

FAIRVIEW, MT 59221 [townoffairview@midrivers.com](mailto:townoffairview@midrivers.com)

REQUEST FOR PUBLIC RECORDS POLICY

As custodians of public information, the Town of Fairview recognizes the public’s right of access to public records. Please read the information pertaining to the Town’s procedure for providing requested information.

The Town of Fairview will provide an effective and timely response to requests for public records under §2-6-101, MCA. The Town will make every effort to provide assistance and prompt, accurate and courteous service in a timely manner. Please note that some requests may take longer to accomplish depending on file storage location and staff availability.

*\*\*Most record requests are at very little cost and fulfilled timely. However, in some instances a fee may be associated (broken into half-hour increments) for the time involved researching, any print copies or electronic data of the request, pursuant to §2-6-110, MCA.\*\**

• This may include requests requiring significant time researching across numerous departments, old and archived records, voluminous records, etc.

• Request for analysis, compilation, extractions, comparisons, chronologies and other assemblages of existing material.

All records requests are to be directed to the Town Clerk, who will provide the Town’s response. This request form may be obtained from Town Hall or by email after contacting the Town Clerk. Once received, it will be routed to the proper department for processing. The department will provide the Clerk with the requested information, and the amount of time involved researching the request. The Clerk will be responsible for communicating the status of the request, and any amount due for copies and/or research time, to the requestor. Upon receipt of any monies due, the requested information/documentation will be provided to the requestor. Requests for information that is protected or prohibited from public release by law may be denied and the requestor contacted and informed of this. Public documents containing exempt information may be released after redaction.

Please complete the request form on side 2 of this policy. A title or reasonable description of the requested information is required for all information not readily available or dependent upon staff availability if the request cannot be fulfilled immediately.

**FEES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COPIES** |  | Electronic data will be charged at $0.03 / page | **SCANNING** |  |
| 8.5 x 11 inch copy | $0.15 / page | Scan up to 10 pages | $2.00 flat fee |
| 8.5 x 14 inch copy | $0.15 / page | Scan 11 to 50 pages | $6.00 flat fee |
|  |  |  | Scan 51 to 100 pages | $10.00 flat fee |
| **DIGITAL MEDIA** |  |  | Scan over 100 pages | $15.00 flat fee |
| DVD | $12.00 |  |  |  |
| Flash Drive | $20.00 |  | **POSTAGE FEE** | $5.00 |
|  |  |  |  |  |
| **STAFF TIME** |  |  |  |  |
| First 15 minutes | No charge |  |  |  |
| Administrative | $25.00 per hour |  |  |  |
| Professional | $46.00 per hour |  |  |  |
| Executive | $76.00 per hour |  |  |  |



318 SOUTH CENTRAL AVENUE Ph: 406-742-5616

P.O. BOX 426 Fax: 406-742-5480

FAIRVIEW, MT 59221 [townoffairview@midrivers.com](mailto:townoffairview@midrivers.com)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST FOR PUBLIC RECORDS FORM

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (for electronic delivery) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Document or Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have read the Town of Fairview’s Public Records Policy, and I agree to pay fees associated with the request for*

*this document(s)/research.*

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **FOR OFFICE USE ONLY**  Date Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Available for inspection in the office of Town Clerk immediately upon processing request.  \_\_\_\_\_ Record copied and released # of copies \_\_\_\_\_\_\_\_\_\_\_\_ @ $ \_\_\_\_\_\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Recorded hours for staff research \_\_\_\_\_\_\_\_ Hours @ $ \_\_\_\_\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Research provided by (Name/Department) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Record provided, protected material redacted  \_\_\_\_\_ Record is excluded from Public Access, pursuant to §7-1-4144, MCA (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Other reason request unfulfilled (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |