

Flathead County Water District #101

PO Box 1141 Columbia Falls MT 59912

FCWD101@gmail.com

REQUEST FOR PUBLIC RECORDS

I [REDACTED], (applicant), do hereby make application for inspection, and/or copying of the following records of the Flathead County Water District #101:

I'd like digital copies if available. (MCA 2-6-1006-1(B)(d))

(Please be as specific as possible in your request to assist staff in locating the records as quickly as possible. A part-time employee fulfills all requests and will respond as quickly as possible.)

Applicant: [REDACTED] **Date:** [REDACTED]

Address: [REDACTED]

Email: [REDACTED] **Phone:** [REDACTED]

Signature: [REDACTED]

By submitting this public records request, you are submitting an application for inspection and/or copying of the following public records from the Flathead County Water Dist 101

INTERNAL USE ONLY: To Applicant: The above requested records are (check one)

- Available for inspection in the office of the Water District immediately upon processing your request.
- To be copied at your expense and available to you on [REDACTED] (date).
- Not available at this time. Specify if these records are (*check one*) [REDACTED] (date)
- Not subject to disclosure pursuant to Montana Public Records Stateets.
- Not accessible due to extenuating circumstances.

More information requested. [REDACTED] [REDACTED]

TOTAL NUMBER OF COPIES OR PAGES: [REDACTED] Cost in accordance to rate schedule. TOTAL [REDACTED]

Payment required at the time of receipt or before if digital copies are requested.

NOTES: [REDACTED]