LINCOLN COUNTY PUBLIC INFORMATION POLICY

LINCOLN COUNTY INFORMATION REQUEST

Requesting Party:		
Physical Address:		·····
Telephone Number:		
page of a document and .25 for each	n additional page of tha	corded/filed document is .50 for the first tsame document. Charges of staff time charge added to the document charge.
I hereby request the fo	ollowing public reco	rd(s) pursuant to 2-6-1006 MCA.
Deliver by: IN PERSON	US POSTAL	E-MAILED
Payment Method: CASI	H CHECK	
Amount Collected: \$		
Requestor Information:		
Name:		
Company:		
Mailing Address:		
City, State:		
Email Address:		

Disclaimer: While all attempts are made to ensure the accuracy of the information under our control and to correct any errors brought to our attention, no representation or guarantee can be made as to the accuracy of information presented. All critical information should be independently verified.

The quality of the images is dependent on the quality of the document at the time of recording and the quality of the images on the microfilm.

^{**}For large requests, employee salary per hour and/or search fees may apply.

^{**}The County Attorney may first verify request to determine if any records are protected.

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Request Approved		Request Denied			
Reasons for denial, including statutes or other authority that may apply.					
					
For any denied request, please C	c				
County Administrator					
County Attorney's Office					