



CASCADE COUNTY PLANNING DEPARTMENT

"Working Together to Provide Efficient and Effective Public Service"

PUBLIC DOCUMENT COPY/INSPECTION REQUEST

COPIES: Cascade County charges for both paper and electronic copies of public documents. Public record copies are \$0.50 for the first page and \$0.25 for each subsequent page of documents provided. Payment by mail or office drop-off is due at the time of receipt to 121 4th St. N, Ste. 2H/I, Great Falls, MT 59401. For any recorded document(s), such as Plats, Certificates of Surveys, etc., please contact the Clerk and Records Office at (406) 454-6801. The Planning Department can only provide copies of documents in our possession.

Name of Requestor: _____

Phone: _____ **Fax:** _____ **Email:** _____

Address: _____ **State:** _____ **Zip Code:** _____

Please describe the public record(s) you are requesting and any additional information that will assist in locating the record(s), such as date, names, legal description of the property, etc. If there is not enough information to process the request, it may result in a delay.

Please allow 1 to 5 business days to process your request. If your request will take longer, you will be notified of the delay and when your request is expected to be completed.

How would you like to receive the copies requested?

- Mail to address above Office pick-up Email to address above Fax to: _____

INSPECTION: To inspect document(s), please provide the business day and time preferred for an appointment. The Planning Department is closed over the noon hour.

Date: _____ **Time:** _____

You will be contacted by the Planning Department to confirm the appointment.

Pursuant to MCA § 2-6-1017(1)(a) and (b), I do hereby certify that should the Public Information I have requested herein contain a list of persons, that said list will not be used as a distribution list without first securing the permission of those on the list. A person found in violation of MCA § 2-6-1017(1)(b) is guilty of a misdemeanor. Moreover, I do hereby certify that I am not requesting a mailing list for commercial purposes.

Signature of Requestor: _____ **Date:** _____