

Town of Mountain View
Public Records Request

To: (Town Office) _____

I _____ request the following:

Print name

_____ Photocopies of the following specific public records (list documents by title) :

_____ A researched list of documents pertaining to the following issue / project / topic:

_____ Duplication of electronic recording(s) for the following meeting(s)

I agree to pay for the above requested services as listed on the reverse. I understand that I must make payment prior to receipt of documents for review of photocopies. I further understand that I will be notified when the material I have requested is ready, that I will have five working days to review or pick up the material, and that if I do not pick up the material it will be mailed to me and I will be billed for the requested services plus postage and handling.

Date	Signature
------	-----------

(For Use by Town Staff Only)

Disposition of request:

Granted _____ Partially Granted _____ Denied _____

If any part of this request is denied, explain: _____

Costs Assessed? Yes _____ No _____

Photocopies: _____ copies @ \$.10 per copy = \$ _____

Tape Duplicating: \$ _____

Staff Time to Research and Handle: _____ hours @ \$5.00 min per hour = \$ _____

Postage: \$ _____ Other: \$ _____

Date Provided: _____ or Date Mailed: _____

Date Paid: _____

Signature of Town Staff

PO Box 249, Mountain View, WY 82939
Office (307) 782-3100 FAX (307) 782-6880