

Date Received: _____ By: _____

REQUEST FOR INFORMATION

from

City Of Hardin

406 N. Cheyenne Ave., Hardin, MT 59034
(406) 665-9292

NAME: _____

COMPANY: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____ DATE: _____

INFORMATION REQUESTED: _____

Total time for Research: _____.

First hour, NO Charge then Each 15 minutes @ \$5.00 = Amount due: \$ _____

Total Number of pages @ \$0.15 per page = _____ = Amount due: \$ _____

Total Amount due: \$ _____

The documents will be ready for mailing or pick up in five business days (MINIMUM) after the City of Hardin receives this completed form. Once request is approved a **check (business or certified), a postal money order or cash for the full amount will be due** before dispensing of requested documents. No Credit

Payment received by: _____ Date: _____

Packet received by: _____ Date: _____

Below Area - For Office Use Only

Status: _____ Date: _____ By: City Clerk _____

Status: _____ Date: _____ By: City Attorney _____

Status: _____ Date: _____ By: Mayor / P.W.S. _____