



# Town of Sheridan

## Request for Public Records

PO Box 78

Sheridan, MT 59749

Email: [sheridan@3rivers.net](mailto:sheridan@3rivers.net)

Phone: (406)842-5431

I, \_\_\_\_\_ (Applicant), do hereby make application  
for inspection and/or copying of the following public records of the Town of Sheridan,

Please be as specific as possible to assist us in locating the records as quickly as possible.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out only if request cannot be filled right away, so the Town can contact you when copies are made.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I approve and agree to pay the copy fees associated with this request:

Applicants' signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY

To Applicant: The Above requested Records are: (check one)

☐ Available for Inspection immediately upon processing your request.

☐ To be copied at your expense and will be made available to you on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock am/pm.

☐ Not subject to disclosure pursuant to MT Public Records Statutes, Art. II, Sec 9, MT Const., 7-1-4144, MCA.

☐ Not in existence, due to "vagueness" of request. (Not enough information to process request.)

☐ Not in existence due to the fact that it requires the creation of documents.

Signature of Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

Initials of Person completing Request

Department

\$ Total Charge