REQUEST FOR DISCLOSURE OF PUBLIC RECORDS Missoula County Public Schools



MISSOULA COUNTY
PUBLIC SCHOOLS

Name of person requesting information:	Date:
E-mail address:	Phone:
Address:	
Description of public records for which disclosure is rec	quested (please be specific):
manner possible, including but not limited to the f. If the requested material does not exist and the	e charged. records request in the most cost-efficient and timely he time required to gather the requested information. e District agrees to provide it in the form requested, time charged at the employee's regular hourly rate of pay.
Number of pages reproduced (x cents	s) + wages + postage = \$
I agree to pay the appropriate fees. Checks should be made payable to MCPS.	
Signature of Person Making Request	Please send the completed application to Carol White clwhite@mcps.k12.mt.us
I certify the above request has been complied with on:	
District Representative	Date

Title _____