REQUEST FOR DISCLOSURE OF PUBLIC RECORDS



Missoula County Public Schools

Name of person requesting information:	Date:
E-mail address:	Phone:
Address:	
Description of public records for which disclosure is reque	sted (please be specific):
f. If the requested material does not exist and the D	•
Number of pages reproduced (x cents) +	• wages + postage = \$
I agree to pay the appropriate fees. Checks should be made payable to MCPS.	
	Please email the completed application to Tracy Long talong@mcpsmt.org.
Signature of Person Making Request	
I certify the above request has been complied with on:	Date
District Representative	
Title	