

REQUEST FOR INFORMATION FORM

****Note to Requester: Retain a copy of this request for your files. ****

**Vaughn Cascade County Water & Sewer District
1161 6 AVE
Vaughn, MT 59487**

Date Requested: _____

Request Submitted By: ___ E-mail ___ U.S. Mail ___ In Person

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone (Optional): _____

E-mail (Optional): _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

Do you want copies of the documents? YES or NO

Copies – photocopies are 50 cents for the first page and 25 cents for each subsequent page.
MCA 2-6-1006

Is this request for a Commercial Purpose? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).