

DOCUMENT REQUEST

I am listed in the below mentioned report or am authorized to legally request, and hereby request copies of the following selected item(s) in regard to Great Falls Police Department report number _____.

Upon making the request, I must pay a **\$15.00 non-refundable administrative fee** covering the cost of the search. I understand I will not be refunded the fee, if it is determined an item does not exist or the report is not within the City Attorney's Office jurisdiction to release. If an item is designated as confidential criminal justice information pursuant to Montana Code Annotated § 44-5-103, or contains private information, I may not receive the item or the item may be redacted. In addition to the administrative fee, I will be charged for production of each item (see below). I understand that I will not immediately receive the items requested because of the administrative process in responding to my request.

I am requesting this information for the following reason:

- ☐ I am a criminal defendant, I am representing myself, and I am requesting discovery pursuant to Montana Code Annotated §46-15-322 for number TK-275-_____-_____; or
- ☐ I am requesting the document for a civil or other purpose.

Please mark the box for each item requested:

(Please see the Description Form for a description of the some of these items.)

- | | |
|---|--|
| <input type="checkbox"/> CFS Command Log/Dispatch Log | <input type="checkbox"/> State Accident Form |
| <input type="checkbox"/> Basic Case Report/Narrative | <input type="checkbox"/> Citation Notes |
| <input type="checkbox"/> Other (Please Describe): _____
(Additional fees may apply.) | |
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**Fees: Paper copies - \$0.75 per page over 5 pages; and/or
\$15.00 per CD, DVD, jump, pin, flash, thumb drive, or secure email (if email address provided), or other electronic format**

Party Named in Report: _____ Date of Request: _____
(Example: Your Name/Client's Name/Insured's Name/Etc.)

Requestor's Name and/or Organization, if not the Party Named in the Report: _____

Relationship to Requestor, if applicable: _____ Requestor's Phone Number: _____
(Example: Self/Attorney/Insurance Provider/Etc.)

Requestor's email address (if requesting secure email): _____

Requestor's Address: _____

Incident Address: _____

Incident Date: _____ Other Parties Involved: _____

Requestor's Signature: _____
(By signing this document, I certified that I have read it fully and understand the contents.)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

NOTARIAL SEAL

Notary Public signature

Release Approved By: _____ Date: _____

Requestor Signature upon Receipt: _____ Date: _____