



P.O. Box 5021, 59403-5021

MUNICIPAL COURT REQUEST FOR PUBLIC RECORDS

I, _____, (applicant), do hereby make application for inspection and/or copying of the following public records of the City of Great Falls Municipal Court.

****To assist us in locating these records quickly, please be as specific as possible in your request****

***** PLEASE WRITE LEGIBLY*****

THE REQUIRED \$10.00 SEARCH FEE PER NAME MUST BE PAID BEFORE ANY ACTION WILL BE TAKEN

Total Paid: _____ Date: _____ Receipt #: _____

REQUESTED RECORD SEARCH:

Defendant's name: _____ I am a victim in this case.

Docket # (if known): _____ Years to Search: _____

Offense type/Date Charge (if known): _____

Records Requested:

Applicant signature _____ Date: _____

Address: _____ Phone Number: _____

Call for pick-up

Mail (stamped, self-addressed envelope required)

Email: _____

****PLEASE NOTE THAT WHILE WE WILL DO OUR BEST TO PROCESS THIS REQUEST IN A TIMELY MANNER, IT MAY TAKE UP TO TWO WEEKS FOR A RECORD SEARCH TO BE COMPLETED.****

****THIS REQUEST DOES NOT ENSURE THAT ALL RECORDS ARE TO BE PROVIDED OR AVAILABLE****

General copies (\$1/page)	Qty: _____	Total: _____
Certified copies (\$2 per document certified)	Qty: _____	Total: _____
CD Recordings (\$15/CD-w/player download)	Qty: _____	Total: _____