



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 (REGARDLESS OF RESULTS) MUST BE PAID BEFORE ANY ACTION WILL BE TAKEN

Total Paid: _____ Date: _____ Receipt #: _____

REQUESTED RECORD SEARCH:

Defendant's name: _____

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

Offense type/Date charged (if known): _____

Records Requested: _____

Applicant signature _____ Date: _____

Address: _____

Phone: Home: _____ Work: _____

Completed record search instructions: ☐ Call for pick-up
☐ Mail(stamped, self-addressed envelope required)

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

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

Grand Total: _____