McCone County Sheriff's Office
PO Box 201, Circle, MT 59215
P: (406)485-3405 F: (406)485-3464
Email: mcso@mcconecountymt.gov

REQUEST FOR RECORDS

Requestor Information:

Name:_____

Address: _____City: _____ State: _____ Zip: _____

Phone Number:_____Fax:_____ Email: _____

INFORMATION REQUESTED: Please describe the SPECIFIC information you are requesting and any additional information that will help to locate said records. If **there is not enough information provided to process the request, it may be denied or delayed due to vagueness.**

The release of public information is defined by Montana Administrative Rule 23.12.203 as it relates to Initial Offense Reports . MCA 44-5-301 discusses dissemination of public information. MCA 61-7-114: Accident Reports-Montana law mandates that accident/crash reports are confidential. Insurance Carriers must provide the policy number, effective date and name of their insured. See MCA 61-7-114 for further information regarding who can request accident reports.

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Please indicate which you are requesting (circle one): **View items at Sheriff's Office** **Copies** **Email**

Base Fee/Incident Report/Case Report Fee	$5.00* (up to 10 pages-any additional page copy fee 15 cents/page)
Accident Reports	Most accidents are MHP contact MHP
CD/DVD/Flash Drive	$5.00 per data storage device plus Admin fee
Administrative/Research/Prep fee	$20.00 per hour (plus the $5.00 base fee*) (any request is a min of half an hour)

ALL FEES MUST BE PAID IN **FULL BEFORE ANY ACTION WILL BE TAKEN BY THE SHERIFF'S OFFICE:**

Note: In some cases the documents may not be available for up to 90 days depending on the research needed. The Sheriff's Office will endeavor to fill requests within 14 days of receipt of the request. However, there can be circumstances that could dictate a later release date.

Amount Due: $_____ Date Paid _____ Payment Method _____ Check #_____