**STEVENSVILLE CITY COURT PO Box 30**

**Stevensville, MT 59870**

**Phone: (406)777-5271 ext. 201 Fax: (406)777-4284**

**Email:** **colctte@townofstcvcnsvillc.com**

**REQUEST FOR PUBLIC RECORDS**

**Requestor Information:**

Name: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip:\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Party in which records are being requested:

**I AM REQUESTING THE FOLLOWING RECORD SEARCH FOR:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:**

**Years to search: Docket #** (**if known):**

Records you want: \_\_\_\_\_Entire Court File \_\_\_\_\_Disposition/Findings

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like to receive the information: \_\_\_\_\_Hold for pick-up \_\_\_\_\_Email

\_\_\_\_\_Call before copying \_\_\_\_\_Other

**ALL FEES MUST BE PAID IN FULL BEFORE ANY ACTION WILL BE TAKEN BY CLERKS OFFICE:**

|  |  |
| --- | --- |
| Name Search (current year) | $5.00 per name |
| Name Search (outside current year) | $25.00 per name |

Methods of payment: Cash, Check or Money Order

Date Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Method\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_