

PUBLIC INFORMATION REQUEST

Gallatin Gateway County Water & Sewer District
PO Box 383
Gallatin Gateway, MT 59730
www.gatewaywsd.com
gm@gatewaywsd.com

SECTION A – REQUESTER INFORMATION

Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

SECTION B – RECORDS REQUESTED

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist staff in locating the record(s). If you need additional space, please attach additional pages.

SECTION C – DELIVERY FORMAT AND COST

The preferred method for delivering records is in electronic format to the email listed in Section A. The cost of delivering the records will be as specified in District policy. If you wish printed copies of the records, or if you wish to be notified if costs are expected to exceed a given value, please indicated below.

- I request printed copies of the record(s).
- I request that the District notify me if costs are expected to exceed \$_____.

SECTION D – RECORD OF PAYMENT (OFFICE USE ONLY)

Payment Method: Cash, Check, Money Order Payment Amount: \$_____

Payment Received on : _____