

# Gallatin Gateway County Water & Sewer District Records Access Policy & Procedure

## Purpose

This policy establishes guidelines to ensure compliance with the Montana Public Records Act, MCA § 2-6-101, et. seq., and for providing public examination of, and access to, Open Records at the Gallatin Gateway Water & Sewer District ("District").

## District Policy

All requests for the inspection or copies of District open records must be presented in writing to the District's General Manager or President of the Board of Directors. A Public Information Request form shall reside on the District's website, and requesters of public information should complete the form, and submit the form to the District's GM or President of the Board of Directors, either via email gm@gatewaywsd.com or via US mail (PO Box 383, Gallatin Gateway, MT 59730). Such requests will be specific as to documents or information requested. Original files are to be handled and copied by District personnel only. Persons requesting copies of open records shall reimburse the District for the cost of reproduction, printing and mailing, as well as legal and/or staff time, prior to copies being turned over. The District shall not permit the removal of original copies of its public records from the files of the Board of Directors, General Manager, Secretary or Treasurer, or other District staff member.

## Fees

Applicable fees for the processing of information requests under this Policy shall generally be set at actual cost, or as otherwise established below:

Copy fees: \$ .10 per page for District prepared copies (black&white)

Computer disk: Actual cost

Other forms: Actual cost

Postage/courier fees: Actual cost

Legal Review Actual cost

Staff Time First hour no charge; \$50/hour after first hour

Policy approved and adopted by the GGWSD Board of Directors April 7, 2014

Policy amendment approved and adopted by the GGWSD Board of Directors November 2, 2015

# PUBLIC INFORMATION REQUEST

Gallatin Gateway County Water & Sewer District

PO Box 383

Gallatin Gateway, MT 59730

[www.gatewaywsd.com](http://www.gatewaywsd.com)

[gm@gatewaywsd.com](mailto: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 : \_\_\_\_\_