



OFFICE USE ONLY

DEPARTMENT OF LIVESTOCK
PUBLIC INFORMATION REQUEST FORM

REQUEST # \_\_\_\_\_

PO Box 202001
Helena, MT 59620-2001
Office: (406) 444-7323
Website: liv.mt.gov
Email: livemail@mt.gov

Do you own livestock in Montana? If so, you are required to pay an annual PER CAPITA FEE. Visit www.liv.mt.gov for more information.

To expedite your request please fill out this form completely in as much detail as possible and identify specifically the records you are requesting. Requests should reasonably describe identifiable records prepared, owned, used or retained by the Department of Livestock. The Department of Livestock may charge the requester for filling public records requests (2-6-1006 and 2-6-1008, MCA). These charges include, but are not limited to, copying of electronic or paper records; custom computer programming; research and analysis; services required of the State Information Technology Services Division (SITSD) including e-mail exports; and legal fees.

Please note that there is a fee of \$0.35 charged per page and for research or analysis whether involving paper or electronic records there is a charge of \$30.38 per hour after the first half hour. A brand history can be obtained as early as 1950 and has a flat fee of \$50.00.

REQUESTER INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact in the event of questions: \_\_\_\_\_

Preferred method of options to receive records: \_\_\_ MAILED \_\_\_ FEDEX (add \$10 for 8oz letter) \_\_\_ FAXED \_\_\_ FLASH DRIVE \_\_\_ CD \_\_\_ EMAIL \_\_\_

REQUESTED RECORDS INFORMATION:

Record Type: \_\_\_\_\_

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

Company: \_\_\_\_\_

Date Ranges: \_\_\_\_\_ To \_\_\_\_\_

Please list what you are specifically looking for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR THIS REQUEST:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I wish to inspect the requested records, where applicable, and do not want copies produced at this time (Appointment Required).

\_\_\_ I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copied.

\_\_\_\_\_  
SIGNATURE OF REQUESTER

\_\_\_\_\_  
DATE