Montana Public Safety Officer Standards & Training Council
Website: dojmt.gov/post
2260 Sierra Road East
Helena, MT 59602
Email: mtpost@mt.gov
Phone: (406) 444-9975
Fax: (406) 444-9978

PUBLIC INFORMATION REQUEST FORM

Instructions: *This form should be completed by any entity making a request for public information. This form may be submitted to POST's Administrative Assistant via email at the email address above. Alternatively, this form may be mailed to POST Administrative Assistant at the mailing address above.*

Do any of the following describe you or your request for information?

- I am a public safety officer requesting my own POST records. ☐ Yes ☐ No
- I am a representative of a public safety agency requesting information regarding employee/s I supervise, or pursuant to a release of information. ☐ Yes ☐ No
- I am a representative of a governmental agency requesting information for the purpose of determining an individual's eligibility for professional licensure or certification. ☐ Yes ☐ No
- I am requesting information for the purpose of conducting discovery in a pending court case. ☐ Yes ☐ No
- I am attaching a subpoena duces tecum. ☐ Yes ☐ No
- I am a representative of a criminal justice agency, and I am requesting information for the purpose of conducting a legally authorized investigation. ☐ Yes ☐ No

If you responded "Yes" to any of the foregoing questions, DO NOT submit this form to request information.

Please contact POST staff to make your request.

Requester's Information:

Your Name: _____

Your Agency/Affiliation (if applicable): _____

Your Mailing Address: _____

Your Email: _____ Your Phone Number: _____

How would you like to receive the information you are requesting (check one)?

☐ via email in digital format ☐ I would like to come to POST and inspect the information

☐ Other _____

Requested Information:

Please describe the information which you are requesting. Be as specific as possible:

Public Reporting of Information Requests:

POST will report all information requests which were made by utilizing this form. POST will also publish the same information on its website at dojmt.gov/post.

Please check the box beside the statement of understanding below, indicating your understanding of the statement:

☐ ***I understand that POST will report my information request to the Legislative Finance committee and that POST will publish the information on this form, or a copy of the form itself, on POST's public website.***

_____ _____

Signature of Requester *Date*

POST Use Only

Date of Request: _____

Staff Assigned: _____

Payment Date: _____

Date Fulfilled: _____

Date of 5-day Acknowledgment: _____

Fee Estimate Date: _____

Extension Request/s: _____