



Records Access Policy & Procedure

Purpose

This policy establishes guidelines to ensure compliance with the Montana Public Records Act, and for providing public examination of, and access to, Open Records at the County Water District of Billings Heights

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 CWDBHBoard@gmail.com or or via US mail (1540 Popelka Drive, Billings, Mt 59105). 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: | \$.15 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 |

final, unless Montana law specifically provides for an appeal and such an appeal is taken within the period provided by law.

The Board President shall ensure that the provisions of this policy are followed.

Adopted: November 29, 2021

Attest: /s/



Revised:

Board President

Reference: CWDBH Policy



Review Date:

Attest: s/Secretary



1540 Popelka Drive
Billings, MT 59105
406-252-0539

PUBLIC INFORMATION REQUEST

REQUESTER INFORMATION

Name: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

RECORDS REQUESTED

Please describe the records you are requesting with as much detail as possible to assist the staff with locating your request.
