

RESOLUTION NO. 842

A RESOLUTION SETTING A FEE SCHEDULE FOR COPIES AND RESEARCH OF PUBLIC RECORDS FROM THE CITY OF THOMPSON FALLS, MT.

WHEREAS, pursuant to §§ 2-6-1006, 7-1-4123 and 7-1-4144, Montana Code Annotated (MCA) all materials kept as records that are in the possession of the City and not otherwise restricted by law from dissemination shall be available for inspection and reproduction by any person during normal office hours subject to reasonable fees imposed by the governing body to recover the costs of complying with the records request; and

WHEREAS, The City will regularly review its fee schedule and make adjustments when necessary to ensure the fees are nondiscriminatory, equitable and reasonable.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Thompson Falls, Montana, that the fee schedule listed herein is hereby adopted and shall be applied:

1. Charges for paper copies of non-routine public records shall be charged at the rate of *See the City of Thompson Falls Fee Schedule for material that can be found and copied in 15 minutes or less and any out-of-pocket expenses directly associated with the request.

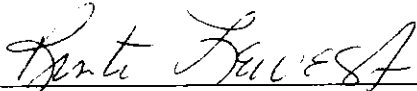
Items that take over 15 minutes to locate and copy shall be charged the mid-level hourly market rate at the time of the request for a Thompson Falls City Clerk/Treasurer.

2. Requests that are subject to the “per hour rate” shall also be charged at the rate of *See the City of Thompson Falls Fee Schedule for costs associated with copying materials and any other out-of-pocket expenses directly associated with the request.
3. Fees for published and/or documents prepared by commercial print shops will be based on the actual fee charged by the print shop.
4. A City department, board, committee, or agency may establish fees for specific records contained in their departments, such as maps, plats, audio and video recordings, etc. Such fee schedule shall be approved by the City Mayor and posted in each department. For records not specific to a department, the departmental fee schedules should not conflict with the specific charges listed in this section.
5. Copies of records provided in electronic format will be charged as follows:
 - (a) the City’s actual cost per unit of the electronic media used to provide the public record. For security purposes, the City will provide all blank media;

- (b) expenses incurred by the City as a result of computer processing charges;
 - (c) expenses incurred by the City for providing on-line computer access;
 - (d) out-of-pocket expenses directly associated with the request; and
 - (e) the mid-level hourly rate at the time of the request for a Thompson Falls City Clerk/Treasurer for each hour, or fraction of an hour, after fifteen minutes of service has been provided.
6. *Fee for Obtaining a Copy of Body Worn Camera, and In-car Camera Recordings.*
- (a) This section is the sole authority under which a copy of a body worn camera and In-car Camera recording may be obtained from the Thompson Falls Police Department. Privacy issues and the likelihood of criminal justice information being contained in these types of recordings require that each video be reviewed prior to release. Videos that contain confidential, private and/or criminal justice information may require redaction to comply with Montana privacy laws.
 - (b) The charge for obtaining a copy of a body worn camera, and in-car camera recording shall be:
 - (i) *See the City of Thompson Falls Fee Schedule per recording responsive to the request for information; and
 - (ii) *See the City of Thompson Falls Fee Schedule per full minute of video or audio footage responsive to the request for information, if identical information has not already been obtained by a member of the public in response to a request for information.
 - (iii) A law enforcement agency may provide a copy without charge, or at a reduced charge, if the agency determines waiver or reduction of the charge is in the public interest.
7. Records provided to other governmental agencies may be provided on a “reciprocal” basis at the discretion of the department director responsible for the record:
8. Payment for charges must be received before delivery of the records to the requester. A department director may make accommodations for payment by entities frequently requesting records.

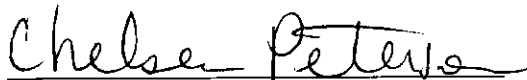
9. The city will determine on a case-by-case basis whether an employee must be present to observe and supervise the examination of documents and whether documents can be removed from their official storage location. Where it is necessary to maintain the integrity and security of City records, a fee as determined by the mid-level hourly rate at the time of the request for a Thompson Falls City Clerk/Treasurer will be charged for the City's supervision of the search and examination and copying of public records.
10. The City Mayor may waive fees or reduce fees upon demonstration by the requestor that payment of the fees required under this Resolution will result in undue hardship.

PASSED AND APPROVED BY THE CITY COUNCIL AND SIGNED BY THE MAYOR OF THE CITY OF THOMPSON FALLS THIS 11TH DAY OF MARCH 2024.



Rusti Leivestad
Mayor

ATTEST:



Chelsea Peterson, CPFA, CMC
City Clerk/Treasurer

City of Thompson Falls



Request for Public Records Form

I, _____, (Applicant), do hereby make an application for inspection and/or copying of the following public records of the City of Thompson Falls, Montana. By signing, I am confirming that I have read and agree to Resolution No. 841.

Please Note: The City strives to be responsive to requests for records and complies with Montana Law that requires a timely response. However, there are numerous contributing factors in the length of time it takes to fulfill a request. Some requests may take up to 6 weeks to complete. Additionally, some information may be deemed "confidential information" that is prohibited from disclosure by Montana law. The City provides all responsive documents in PDF format only.

Description of Request: (Be as specific as possible, including legal description of property or address, type of documentation, dates, names, etc):

Applicant Signature

Date

I prefer to receive my request via: (see pricing on the City of Thompson Falls Fee Schedule)

_____ **Email**

_____ **Mail**

_____ **Pick-up**

Email Address: _____

Daytime Phone: _____

Address: _____

City of Thompson Falls



Staff Response to Public Records Request

Name of Requestor/Applicant: _____

Your recent records request has been reviewed. Please review and sign below.
If marked with a check, the following applies:

_____ The request is routine and will be provided to you electronically at not charge.

_____ The records are available for inspection upon payment of the staff time fee of \$ _____. If you would like copies of the records after inspecting them, you will be required to pay all applicable reproduction fees. If you wish to receive copies of the records without first inspecting them, please sign below under Applicant Agreement and the City will provide them after receiving payment for all applicable fees.

_____ The City estimates it will take _____ hours to fulfill the request at a rate of \$ _____ per hour. In addition, you will be required to pay the applicable fee for copies, which is estimated at \$ _____. This is just an estimate and it may cost more to fulfill your request. You will/will not (circle one) be required to pay the estimated cost prior to the City beginning the search process for the records. If you agree to pay the costs associated with this request, please sign below under the Applicant Agreement.

_____ The information is not subject to disclosure pursuant to the Montana Public Records Statutes (Ar. II, Sec. 9, Mont. Const.; §§ 2-6-1002, et seq., MCA)

_____ The request is too vague for the City to identify responsive records. Please provide further detail.

_____ The records requested are not in existence because they have not been created. If you would like to examine documents that may enable you to create the records yourself, please contact the department listed below.

Employee Fulfilling Request: _____

Department: _____ Phone: _____

Email: _____

By signing in the space below, you acknowledge and agree to pay any fees assessed and related to your request.

Applicant Signature

Date