

RECORD SEARCH REQUEST FORM

(please print legibly)

FEE: \$2.00 per year per name up to 7 years, \$1.00 per year per name thereafter (requests can be mailed, faxed or emailed)

Last Name:

First Name:		
Case type(s):		
Years you would like searched:		
Requested by:		
Phone & fax numbers:		
Email:		
Address:	City/Town:	Zip Code:
Total amount enclosed: (money order or cashier's check only)		
Please email, fax or mail reques t	t form & payment to:	
canders	Carly Jay Anderson Clerk of District Court Beaverhead County 2 S. Pacific St., #5 Dillon, MT 59725 Son4@mt.gov or hannah.harrington@mt.gov	

Requests sent in via email or fax, should include a scanned copy of payment. Please send payment in mail immediately following request.

406-683-3728 (fax)