



Gallatin County Code Compliance Department

Request for Information

Requestor Date: _____

Requestor Name & Signature: _____

Requestor Address: _____

Requestor Email: _____

Requestor Phone #: _____

Compliance Matter - File/Info Requested: _____

Compliance Dept. Files ____ Planning Department Files ____ Health Department Files ____

Format of Information Provided: Email ____ Hard Copy ____

Department will notify you of applicable fees prior to providing information.

Is this request related to litigation? Yes ____ No ____

If so, please describe _____

THIS REQUEST FORM IS A PUBLIC RECORD

This form may be delivered by mail or email.

For Administrative Use Only

Received By: Phone ____ Electronic ____ Post ____ In-Person ____

Other Department Signoffs: Compliance ____ Planning ____ Health ____

Staff Signature: _____

Date Requested Information Provided: _____

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