

Print page ~ then mail completed form and payment to address below:

**Two Rivers Authority
PO Box 324
Hardin MT 59034-0324**

REQUEST FOR INFORMATION

NAME: _____

COMPANY: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____ DATE: _____

INFORMATION REQUESTED: _____

Total pages _____ @ 50¢ per page = Amount due: _____

The documents will be ready for mailing or pick up within ten (10) business days after TRA receives this completed form and a (business or certified) check or postal money order for the full amount.

Request received by: _____ Date: _____

Payment received by: _____ Date: _____

Info delivered by: _____ Date: _____