

Local Government Entity Information Form

MCA 7-6-611 (3) and (4)

(3) The governing body of each county or municipality shall notify the department of administration in writing, on a form prescribed by the department of administration, of the creation, dissolution, combination, or other legal alteration of any special purpose district within the county or municipality.

(4) Each special purpose district shall obtain a **permanent** mailing address and notify the department of administration of the address and of any subsequent changes of the district's address.

Date: _____

To: **Montana Department of Administration**
Local Government Services Bureau
Mitchell Building, Room 270
P.O. Box 200547
Helena, MT 59620-0547
Email: lgportalregistration@mt.gov
Telephone: (406) 444-9101 Fax: (406) 444-9144

1. The following action has been taken (check one):

- Local Government has been created
- Local Government has been dissolved
- One or more Local Governments have been combined
- Other legal alteration has occurred

(Describe): _____

2. Name(s) of Entity: _____

3. Type(s) of Entity: _____

4. Created under authority of the following section(s) of the Montana Code Annotated:

5. Effective Date of Action: _____

6. Resolution Number and Date, if applicable: _____
(Please attach copy of resolution)

7. Contact Information for new Local Government:

Mailing Address: _____

_____, MT 59_____
City/Town Zip Code

Telephone Number: _____

Email Address: _____

The above information is (check all that apply):

- Permanent mailing address of the local government
- Phone of the local government
- E-mail address of the local government
- Personal mailing address of individual (Name _____)
- Personal telephone number of individual (Name _____)
- Personal e-mail address of entity official (Name _____)

8. FEIN (Federal Employer's Identification Number): _____

9. Your government's Fiscal Year (i.e. July 1 – June 30 or Jan. 1 – Dec. 31)

10. Name and Title of a governing body representative (e.g. board or council member):

11. Name and Title of the primary accounting representative:

12. Cash/Investments of the Local Government entity are or will be held in the following (check all that apply):
- County Treasury
 - City/Town Treasury
 - Financial Institution (bank or investment firm)

13. If the creating county or city/town will maintain a fund for this newly created entity:

Fund Name and Number: _____

Fund Type (i.e. special revenue, agency, enterprise, etc.):

The following questions will be used to provide documentation as to whether Social Security coverage for your entity is covered by a Section 218 agreement, or if one is needed. We will forward this information to the State Social Security Administrator.

Does your organization have paid employees? YES NO

If YES, Please fill in the following:

1. Type of Retirement system utilized (check all that apply):

- Public Employees' Retirement System (PERS)
- Municipal Police Officers' Retirement System (MPORS)
- Sheriffs' Retirement System (SRS)
- Teachers' Retirement System (TRS)
- Firefighters' Unified Retirement System (FURS)
- Other- Describe

2. How long has this political subdivision been paying into the above mentioned retirement system(s)?

3. Number of employees, in each department (please name all departments if applicable):

4. Do you pay into Social Security/FICA tax? _____

Name of Official Completing Form *Date*

Title