

OPEN RECORDS REQUEST

DATE: _____ NAME OF REQUESTOR: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

Copies of the following record are requested pursuant to the
Oklahoma Open Records Act:

This request is made for (check one): ___Business ___Personal

I acknowledge that a charge for copying or inspecting public records
is authorized by state law.

Signature of Requestor: _____

Title of Business Identity: _____

INTERNAL USE ONLY

REQUEST DATE/TIME: _____

FEES CHARGED? ___YES ___NO

TOTAL CHARGES: _____ CHARGES PAID: _____