



Open Records Request Form

To assist with your request to examine or receive copies of library system records that are subject to the Oklahoma Open Records Act, please complete this form.

Note: A charge for providing copies of public records is authorized by state law.

Please indicate your choice by marking the adjacent box with an X.

- | | |
|---|---|
| <input type="checkbox"/> \$0.25 per page | <input type="checkbox"/> \$1.00 per page for faxed copies |
| <input type="checkbox"/> \$1.00 per page for certified copies | <input type="checkbox"/> No charge for electronic copies sent by e-mail |

Name

Date

Address

Primary phone number

Fax (optional)

E-mail address

Records Requested: please provide as specific description as possible including titles and dates.

*Your copy of this form is your receipt.

Signature of Requestor

Title or Business Identity (if applicable)

OFFICE USE ONLY

Date Records mailed/delivered/picked up (circle one): _____

Number of pages provided: _____ Fee Paid: \$ _____

Signature of Records Custodian: _____