

OKLAHOMA OPEN RECORDS ACT REQUEST FOR INFORMATION

CREEK COUNTY

NOTE: ALL REQUESTS FOR ACCESS TO PUBLIC RECORDS MAY BE REFERRED TO THE DISTRICT ATTORNEY TO ENSURE COMPLIANCE WITH STATE LAW.

The County reserves a minimum of three business days (24 working hours) in which to comply with this request, in order to allow sufficient time for retrieval, printing, copying and/or arrangements for inspection, as applicable, and assessment of applicable charges, without disrupting the essential functions of office staff.

Requests for copy or inspection of public records that require more than one hour of staff time for retrieval, compilation and/or monitoring of the inspection process may result in the imposition of a search fee equivalent to \$ _____ per hour.

Name of Department in Possession of Requested Records (if known) _____

Date of Request _____

Name _____ Phone Number _____

This request is for [] INSPECTION or [] COPYING (please check one or both) of the following described records pursuant to the Oklahoma Open Records Act:

Record Description (Title/Date/Other Identifying Information) Number of Pages Number of Copies (if known)

- 1. _____
2. _____
3. _____

Please note that, in cases where only copies of records are available, inspection will be waived and you will be charged the appropriate copying charges only. Attach additional paper if more records or descriptive information are required.

Copies Need to be Certified as True and Correct: _____ Yes or _____ No (Check one)

This request is made for: ___ Business/Commercial Purposes or ___ Personal Use ___ Public Interest (Check one)

I have been advised that a charge for copying public records and a reasonable fee to recover the direct cost of record search may be authorized by State law and have been established as applicable.

Signature of Requestor _____

Title or Business Identity (If Applicable) _____

INTERNAL USE ONLY

Requested Information:

- 1. _____
2. _____
3. _____

The following record(s), if any, were not produced for the reason(s) indicated:

Record Reason

- 1. _____
2. _____
3. _____

Request Date: _____

Request Time: _____

Produced Date: _____

Produced Time: _____

Delay in Production: Yes or No

Reason for Delay, if any: _____

No. of copies made: _____

Copy charge of _____ per copy: \$ _____

Certified copy charge @ \$1.00 per copy: \$ _____

Inspection of Records:

Search charge (if any) \$ _____

_____ hours _____ minutes

Staff time charge (if any) \$ _____

Total Actual Charges: \$ _____

Deposit Paid (for estimated charges): \$ _____

Charges [or Refund] Owed: \$ _____

Total Paid: \$ _____ Receipt Number _____

Information prepared by: _____ Information released by: _____

Requested Information received by: _____ Date: _____

TIME STAMP AND RETURN A COPY TO REQUESTING PARTY WITH RESPONSE