



Request of Public Records

DATE:

NAME OF REQUESTER:

ADDRESS:

TELEPHONE:

CELL PHONE:

EMAIL ADDRESS:

I HEREBY REQUEST COPIES OF THE FOLLOWING RECORDS PURSUANT TO THE OKLAHOMA OPEN RECORDS ACT (PLEASE BE AS DETAILED AS POSSIBLE):

I have been advised there is a charge for obtaining and copying public records as authorized by state law and cited in Blanchard Ordinances §1-1109. FEES MAY VARY DEPENDING ON VOLUME AND TIME FOR COMPLETION OF THE RECORD REQUEST.

FEES: ***COPYING EXISTING DOCUMENTS** (NOT TO EXCEED 8 ½" by 14")...\$0.25 per page
COMPUTER GENERATED FORMS - \$4.00, PLUS COST OF MEDIA (CD, FLASHDRIVE, ETC.) IF APPLICABLE*

***AUDIO AND/OR VIDEO** - COST OF MEDIA (CD, FLASHDRIVE, ETC.) MIN \$4.00 NOT TO EXCEED \$10.00*

***SEARCH FEE** - APPLICABLE ON REQUESTS FOR COMMERCIAL PURPOSES OR WHEN REQUEST WILL REQUIRE EXCESSIVE TIME TO RESEACH AND/OR CREATE...\$4.00 PER QUARTER HOUR.*

Signature of Requester

Date

Internal Use Only

Date Completed: _____

Date Contacted: _____ via _____ Phone _____ Mail

Number of Pages: _____ Amount Charged \$ _____

Amount Collected: \$ _____ Date Charges Collected: _____

City Clerk Signature: _____

City Attorney/Prosecutor Signature _____