

REQUEST FOR RECORD COPY

(To be completed by Requester – PLEASE PRINT)

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

SIGNATURE: _____

COPIES SOUGHT: Please provide as specific a description as possible of the record(s) you desire to copy.

<u>Record Title / Date</u>	<u>Number of Copies Desired</u>
1. _____	_____
2. _____	_____
3. _____	_____

Purpose of copied records:

CHARGES: A charge for providing copies of public records is authorized by state law and has been established by the District governing body. These charges are set at a level to compensate the District for the actual costs incurred in honoring your request. The fee schedule established by the District is posted in this office.

Copying charge is \$.25 per page copied

Research fee is \$25/hour

**Confidential records requests under Okla. Stat. title. 51 § 24A.7 will be denied. Other record requests will be approved/denied by the board of directors, subject to OK State Statutes, at Regularly Schedule board meetings.

Record Custodian

Date

Board of Director-approval

Date