



Open Record Request Form

Name of Requestor

Telephone Number

Date

Employer of Requestor (if applicable)

Address

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

Purpose of Request: _____

I acknowledge that a charge for copying public records is authorized by state law.
The following fees are as follows:

Type of Record Provided

1. **Paper Reproduction**
 - a. 8½” by 14” or smaller - \$.25 per page
 - b. Larger than 8½” by 14” - \$.50 per page
 - c. Certified copy 8½” by 14” or smaller - \$1.00 per page
 - d. Certified copy larger than 8½” by 14” - \$2.00 per page
2. **CD or DVD - \$6.00**
3. **Any Other Media – Direct cost of media - \$14.00**
(flash or thumb drive, external hard drive, memory card, other specialty media)

Production Fees

1. **Direct Cost of Record Search and Copying - \$30 per hour/ \$7.50 per ¼ hour**
Assessed for commercial requests or requests that result in excessive disruption of the essential functions of the public body.
2. **Delivery (Mail, Email, FTP, etc.) – Direct cost**

Signature of Requestor

Title or Business Identity

INTERNAL USE ONLY

Request Received Date: _____

Total Charges: \$ _____

Receipt of Document: **(Mail, Email or Pick-Up)**

Charges Paid: \$ _____

Signature of Approver

Date

Please Return To Teresa Talley, Executive Assistant • **Email:** ttalley@exposquare.com • **Fax:** 918-744-8725