

PUBLIC RECORD ACCESS REQUEST

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

The City 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 City 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 \$15.00 per hour.

Name of City 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:

<u>Record Description (Title/Date/Other Identifying Information)</u>	<u>Number of Pages</u> (if known)	<u>Number of Copies</u>
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** (Check one)

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

Signature

Title or Business Identity (If Applicable)

INTERNAL USE ONLY

Request Date: _____

Request Time: _____

[TIME STAMP AND RETURN A COPY TO REQUESTING PARTY WITH RESPONSE]

Produced Date: _____

Produced Time: _____

Delay in Production: **Yes** or **No**

Reason for Delay, if any: _____

No. of copies made: _____

Copy charge @ 25¢ per copy: \$ _____

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

Inspection of Records:

Search charge (if any, @ \$15.00 per full hour plus ¼ hour increments at \$3.75 beyond first hour): \$ _____

_____ hours _____ minutes

Staff time charge (if any, @ \$15.00 per full hour plus ¼ hour increments at \$3.75 beyond first hour)

Total Actual Charges: \$ _____

Deposit Paid (for estimated charges): \$ _____

Charges [or Refund] Owed: \$ _____

Total Paid: \$ _____ Receipt Number _____

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

<u>Record</u>	<u>Reason</u>
1. _____	_____
2. _____	_____
3. _____	_____

Signature of Record Custodian _____ File ID: _____