

REQUEST FOR INSPECTION AND/OR COPYING OF PUBLIC RECORDS

NOTE: ALL REQUESTS FOR INSPECTION AND/OR COPYING OF PUBLIC RECORDS WILL 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, 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 duplication and/or inspection process may result in the imposition of a search fee.

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. _____	_____	_____
4. _____	_____	_____

[Attach additional paper if more records are required.]

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

This request is made for: **Business/Commercial Purposes** or **Personal Need** (Circle one)

I have been advised that a charge for copying public records is authorized by State law and has been established by the City of Glenpool.

Signature _____

Title or Business Identity (If Applicable) _____

INTERNAL USE ONLY

Request Date: _____ Request Time: _____

[TIME STAMP AND RETURN A COPY TO REQUESTING PARTY]

Produced Date: _____ Produced Time: _____

Delay in Production: **Yes** or **No** Reason for Delay, if any: _____

No. of copies made: _____ Copy charge: \$ _____

Certified copy charge: \$ _____

Inspection of Records: Search charge (if any): \$ _____

_____ hours _____ minutes

Total Charges: \$ _____

Deposit Paid (for estimated charges in excess of \$5.00): \$ _____

Charges [or Refund] Owed: \$ _____

Total Paid: \$ _____ Receipt Number _____

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

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

Signature of Record Custodian _____ File ID: _____