REQUEST FOR PUBLIC RECORDS

McALESTER POLICE DEPARTMENT **Date: _____**
Name of City Department

Name: _____ **Phone No. _____**

Address: _____

_____

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

Record Title/Date **Number of Copies: _____**

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

RECORD CUSTODIAN SHALL NOTE IN MARGIN ANY RECORD(S) NOT PROCUCED

This request is being made for a **business** 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 McAlester.

_____ _____
Signature (of Requester) Title of Business Identity (IF APPLICABLE)

INTERNAL USE ONLY

Request Date: _____ Record/Copy Produced: Date: _____
Request Time: _____ Time: _____

Search Fee Charged: **YES / NO** Charge for non-office copy
Search Time: _____ _____ Equipment $ _____ _____ Copies made

Total Charges $_____ Delay in Production **YES / NO**

Charges Paid $_____ Reason for Delay _____

Receipt No. _____ _____

Signature of Record Custodian or Designee _____