



**P O T E A U**  
O K L A H O M A

*above the ordinary.*

**REQUEST FOR RECORD INSPECTION OR COPYING**

NOTE: This will remain a City record for a period of two years.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street, City, State and Zip Code)

PHONE NUMBER: \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:**

- 1. Taxpayer \_\_\_\_\_ 2. News Media \_\_\_\_\_ 3. Scholar \_\_\_\_\_
- 4. Author \_\_\_\_\_ 5. Other \_\_\_\_\_

**RECORD SOUGHT:** (Please provide as specific a description as possible of the record (s) you desire to inspect or have copied.)

**Record Title/Date:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(attach additional pages as necessary)

**SIGNATURE:** \_\_\_\_\_

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**TO BE COMPLETED BY RECORD CUSTODIAN:**

**Time Request Received**  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_ am/pm  
Received by: \_\_\_\_\_

**Time Records are Assembled**  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_ am/pm  
Assembled by: \_\_\_\_\_

**Time Record (s) was Released:**  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_ am/pm  
Released by: \_\_\_\_\_

**Total Charges:**  
Prepaid: \_\_\_\_\_  
Due: \_\_\_\_\_  
Balance: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_