



# City of Choctaw Public Record Request Form

No. \_\_\_\_\_

**\*\* Received Date \*\***

## REQUESTOR'S INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## REQUEST

(Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc. A form requesting "any and all" information will not be considered detailed and may be asked to be revised.)

*Note: If a deposit is required, no work will begin on the request until the deposit is received.*

### **PLEASE ALLOW REASONABLE TIME FOR COMPLETION**

Although the attached records are deemed to be "public records" within the meaning of The Oklahoma Open Records Act, you are hereby advised that your use of this information must comply with all local, state and federal laws including but not limited to laws relating to privacy, harassment, discrimination, debt collection, libel, slander and tort. Misuse of said information by you in violation of the law is exclusively your responsibility. The City of Choctaw hereby denies any and all responsibility for how this information is used by you. If any third party makes a claim against the City of Choctaw for misuse of this information attributable to you, the City of Choctaw shall pursue all available legal remedies against you.

\_\_\_\_\_  
Signature of Acknowledgement

\_\_\_\_\_  
Date

\*\*\*\*\*

### **(For Office Use Only)**

#### Details of Request

- |    |                  |                                 |  |                               |   |
|----|------------------|---------------------------------|--|-------------------------------|---|
| 1. | Form of Request: | <input type="checkbox"/> Email  | <input type="checkbox"/> Fax                   | <input type="checkbox"/> Mail | <input type="checkbox"/> In Person / Verbal |
| 2. | Requesting:      | <input type="checkbox"/> Copies | <input type="checkbox"/> In-Person Examination |                               |   |

**Notification of Release of Records**

- Records are ready for pick-up at City Hall during posted hours as of \_\_\_\_\_ (date)
- Records are ready for pick-up by appointment on \_\_\_\_\_ (date and time)
- Examination of original records scheduled at City Hall for \_\_\_\_\_ (date and time)
- Records mailed to requestor on \_\_\_\_\_ (date)

Requestor notified on \_\_\_\_\_ by:

- Phone Message
- In-Person
- Phone Conversation
- Email

Notes:

**Fees**

- Copy Charges \_\_\_\_\_ pages x \$0.25/page = \$ \_\_\_\_\_
- Department Charges \_\_\_\_\_ = \$ \_\_\_\_\_
- Fax Charges \_\_\_\_\_ pages x \$1.00/page = \$ \_\_\_\_\_
- Postage Charges \_\_\_\_\_ = \$ \_\_\_\_\_

Labor/Research/Staff Time  
 (The labor or supervisory services provided by City Staff in the search, preparation, retrieval or supervision of examination of open records for each request will be charged for services provided.)

Employee(s) performing the services: \_\_\_\_\_ @ \_\_\_\_\_/hr = \$ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_/hr = \$ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_/hr = \$ \_\_\_\_\_

Other Expenses \_\_\_\_\_ \$ \_\_\_\_\_

Deposit Received on: \_\_\_\_\_ **TOTAL OF ALL FEES** \$ \_\_\_\_\_

Deposit Receipt No.: \_\_\_\_\_ **Less Deposit Received** \$ \_\_\_\_\_

Final Receipt No.: \_\_\_\_\_ **Balance Owed at Pickup** \$ \_\_\_\_\_