

OPEN RECORDS REQUEST FORM

In order to complete your request, please read the following instructions:

Please complete the form fields below. Required fields are noted by an asterisk(*). Submit the completed form electronically. Email to: cityclerk@okemahok.gov

DO NOT send payment prior to receiving notification of applicable fees and the exact amount due. If you receive notice that there are costs associated with your request, costs shall be paid in full before the City of Okemah will initiate action to gather the records.

Records requested are sent via email, to the address provided on this form, unless you specify a different method of delivery.

REQUEST INFORMATION

Narrow your request as much as retrieve thousands of document	S.	_	
Purpose of Request* (select one	:Personal	_Commercial _	Public Interest
Please provide specific date rang	ge:*	to	
	Starting Date (mm/dd/yyyy	r) End	ding Date (mm/dd/yyyy)
Specify the nature of the records	•		
Please provide detailed information	n to make the search as	efficient and time	ely as possible.
CONTACT INFORMATION:			
I am a member of the (select on	e):*General Pub	lic Media I	Name*
First Name			
riist Name	Last Name		
Business Name*			
Current Address*			
Phone Number*	Email Ad	ddress*	
Request# Received	l by		