

REQUEST FOR RECORD INSPECTION

Town of Jet, Oklahoma

(To Be Complete by Requester)

Name _____

Address (Street Number) _____

(City, State) _____

PHONE NUMBER: (_____) _____

SIGNATURE: _____

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

Record Title/Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____

CHARGES: A charge for providing record search in some instances is authorized by state law and has been established by the Town Board. These charges are set at a level to compensate the Town for the actual costs incurred in honoring your request. The fee schedule established by the Town Board is posted in this office.

Prepayment of the above amount:

_____ is required _____ is not required

—————
(To Be Completed by Record Custodian)

Time of Request:

Date _____
Time _____:_____ AM PM

Time Access Provided:

Date _____
Time: _____:_____ AM PM

Search Involved: _____ Hours _____ Minutes

Total Charges: \$ _____

Prepaid \$ _____

Balance (Refund) Due \$ _____

Record Custodian

REQUEST FOR RECORD COPY

Town of Jet, Oklahoma

(To Be Complete by Requester)

Name _____

Address (Street Number) _____

(City, State) _____

PHONE NUMBER: (_____) _____

SIGNATURE: _____

COPIES REQUESTED: Please provide as specific a description as possible of the record(s) you desire to copy.

<u>Record Title/Date</u>	<u>Number of Copies Desired</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

CHARGES: A charge for providing copies of public records is authorized by state law and has been established by the Town Board. These charges are set at a level to compensate the Town for the actual costs incurred in honoring your request. The fee schedule established by the Town Board is posted in this office.

The charge to you for copying the record(s) you request is \$_____.

Prepayment of the above amount:

_____ is required _____ is not required

—————
(To Be Completed by Record Custodian)

Time of Request:

Date _____
Time _____:_____ AM PM

Time Access Provided:

Date _____
Time: _____:_____ AM PM

Staff Time Involved: _____ Hours _____ Minutes

Charge per page copied: \$ _____

Charge for staff time \$ _____

Total Charges: \$ _____

Prepaid \$ _____

Balance (Refund) Due \$ _____

Record Custodian