Request for Record Copy

Name: ____________________________________________

Mailing Address: ________________________________________________________________

Phone Number: ___________________________ Email: _________________________________

Signature: _______________________________________________________________________

Purpose of Request: □ Commercial □ Media Related □ Personal □ Other: _____________

Provide a specific description of the record(s) you are requesting copies of. Please include specific dates, times, locations, addresses, names, case numbers, etc.

Record Title/Description: _____________________________________________________Number of copies:__________

Record Title/Description: _____________________________________________________Number of copies:__________

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Charges: A charge for providing copies of public records is authorized by State Law and has been established by the City governing body. These charges are set at a level to compensate the City for actual costs incurred in honoring your request. The fee schedule established by the City is posed in this office. A prepayment charge may be required.

___________________________________________________________________________

To be completed by Record Custodian:

Date/Time of Request: ________________________ Date/Time of Completion: ________________________

Number of Copies: ________________________ Total Fees: ________________________

Receipt Number: ________________________ Date Paid: ________________________

Record Custodian: ________________________

Notes: _____________________________________________________________________

Phone: 405.878.1609    Email: CityClerk@shawneeok.org    Fax: 405.878.1581

P.O. Box 1448, Shawnee, OK 74802    16 W. 9th St., Shawnee, OK 74801