OPEN RECORDS REQUEST FORM

CITY OF PAULS VALLEY CITY HALL 100 W. PAUL PAULS VALLEY, OK 73075 (405)238-3308 (PH) (405)238-9361 (FAX) WWW.PAULSVALLEY.COM

Please complete the "Requestor Information" and "Records Description" portions of this form below, and return this form to the address or fax number listed above. Please call City Hall with any questions regarding your request. Costs incurred, as applicable under 51 OKLA. STAT. § 24A.5, will be billed upon receipt of records. PLEASE ALLOW FIVE (5) BUSINESS DAYS TO PROCESS REQUEST.

Requester Information			
Name:		Dat	e:
*Organization (Optional):			
Phone:	Address		
Fax:	Email:		
Please check box if you wish to pick up your request in person at City Hall			
This request is solely for commercial purposes. (51 OKLA. STAT. § 24A.5 (3))			
R ECORDS DESCRIPTION			
Indicate record description, dates, and/or name of record below:			
OFFICE USE ONLY			
Charges			Amount
Number of Pages:@ .25 per page		\$	
Search Time hours @ \$10.00 per hour:		\$	
Other Direct Costs; description:		\$	
TOTAL AMOUNT DUE		\$	
APPROVAL			
Date Payment Recv'd	Date Mailed/Picked Up	Cool	rdinator or Designee