## TOWN OF WEST SILOAM SPRINGS 4880 CEDAR DR

**COLCORD, OK 74338** 918-422-5101 EXT 1

## OPEN RECORDS REQUEST FORM

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

- Please complete all applicable fields within the document below legibly and either typed or in ink. Failure to legibly complete all fields on the prescribed form may lead to delays or a denial of your request.
  - Please return the completed form either in person or via first class mail at the address above (ATTN: Open Records)
- You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act (codified at 51 O.S. §§ 24A.1, et seq.) prior to fulfillment of your request.

Please 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 W.S.S. will initiate action to gather the requested records.

When the records are ready for retrieval, you will be notified by telephone or email at the contact listed below so you can arrange to pick up

the records at the address above.				•	
Purpose of Request: Personal (choose one)	Commercial Dubl	ic Interest	Media		
Information Requested: Please narrow your request as much as possiblengthy period of time can retrieve thousands of and to ensure compliance with applicable confiprocess and may lead to unnecessary expense.	f documents, which must identiality and privacy law	be located and re	eviewed to deter	mine whether the record is subj	ect to disclosure
Date range of records: From		To			
	DESCRIPTION OF	RECORDS RE	QUESTED		
	·	<del></del>	····		
		. ,			-
NAME OF PERSON MAKING REQUEST	(Please Print Name)			PHONE	
STREET ADDRESS,	CIT	Υ,	STATE	ZIP	
E-MAIL ADDRESS			<u>.</u>		
		·			
SIGNATURE OF REQUESTOR		<u>.</u> .	_	DATE SIGNED	