

**Association of County Commissioners of Oklahoma  
Self-Insured Fund**

**Open Records Request Form**

(Name & Address), To Be Completed by Requester

NAME: \_\_\_\_\_

ADDRESS: (Optional) \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**COPIES SOUGHT:** Please provide as specific a description as possible of the record (s) you are requesting to be copied:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is request for commercial purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHARGES:** A charge for providing copies of public records is authorized by state law. The fee schedule is posted in this office.

Charge per page copied: \$ \_\_\_\_\_ No. of pages copied: \_\_\_\_\_

Breakdown of charges: \_\_\_\_\_ pages x .25/page = \$ \_\_\_\_\_.

\$1.00 per copied page for certified copy = \$ \_\_\_\_\_

Your copy of this form is your receipt.

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(To be completed by Record Custodian)

Date of Request: \_\_\_\_\_ Date Information Provided: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_ Is pre-payment required? Yes \_\_\_\_\_ No \_\_\_\_\_

Record Custodian \_\_\_\_\_ (signature)