

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

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.

(To be completed by Record Custodian)

Date of Request: _____ Date Information Provided: _____

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

Record Custodian _____ (signature)