



GRANT COUNTY, OKLAHOMA

OPEN RECORDS REQUEST FORM

(PLEASE PRINT LEGIBLY)

DATE OF REQUEST: _____

NAME OF REQUESTOR: _____

REQUESTOR'S ORGANIZATION OR COMPANY: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

Copies of the following described records are requested pursuant to the Oklahoma Open Records Act:

(ADD SUPPLEMENTAL PAGES AS NECESSARY)

NOTE: A charge for searching records and providing copies is authorized by the Open Records Act at Title 51 Okla. Stat. Section 24A.5 and other statutes for certain requests. The requesting party acknowledges its obligation to pay these fees, if applicable, and no copies will be provided until the fees have been paid. In addition, a deposit may be requested depending upon the scope and extent of the request.

Is this request solely for commercial purpose?

Yes

No

SIGNATURE OF REQUESTOR: _____

NAME: _____