## THE CITY OF ENID



OPEN RECORDS ACT Record Request Form

To: City of Enid, City Attorney's Office/ City Clerk	Date:	
DEGUESTOR	INFORMATION	
REQUESTOR INFORMATION Name:		
LAST	-	FIRST
Complete Mailing Address:		
City/Town:	State:	Zip Code:
Telephone Number:	Fax Number:	
TYPE OF REQUEST AND PURPOSE OF REQUEST		
Requestors may ask for records to be provided in the Ci address listed above.		
Request being made: Review	Receive Copies.	Method
Request is made to review or request copies of docum Warning: Requests for discovery in criminal cases that are still pending or u		
RECORDS REQUESTED		
Must be detailed and specific on each document described – re Under Authority of Title 51 O.S. Section 24A. 1 through 24A following documents from the City of Enid. (If you are request individual's sex, race, social security number and date of birt include date, time, location and whose voice or image is on the	a.29, entitled the "Oklaho ing records concerning a p h, if possible. If you are r	oma Open Records Act," I request the particular individual, please provide the
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<u>FE</u>	<u>ES</u>	
Pursuant to the Open Records Act, the City of Enid wil for records released as a result of this request. Larg released may result in larger fees for reproduction. As my responsibility to pay for the fees associated with ar for commercial purposes may result in an additional result.	er pages, photographs, c schedule of fees is posted ny records released pursua	ompact discs, and other forms of media in the City of Enid City Clerk's office. It is
I certify the above information is true and correct:	nture of Requestor, Position i	n Company, Date
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