

REQUEST FOR COPYING/INSPECTING OF TULSA COUNTY PUBLIC FACILITIES PUBLIC RECORDS

Name of Requestor	Telephone Number	Date
Employer of Requestor (if applicable)	Address	
Copies of the following described reco	rds are requested pursuant to the	Oklahoma Open Records Act:
Purpose of Request:		
I acknowledge that a charge for copyir The following fees are as follows:		tate law.
	Type of Record Provided	
1. Paper Reproduction		
b) Larger tha c) Certified co	or smaller - \$.25 per page n 8½" by 14" - \$.50 per page ppy 8½" by 14" or smaller - \$1.00 ppy larger than 8½" by 14" - \$2.0	
	ect cost of media - \$14.00 ernal hard drive, memory card, oth	ner specialty media)
	Production Fees	
	1 1	ar/ \$7.50 per ¼ hour t in excessive disruption of the essential
2. Delivery (Mail, Email, F	TP, etc.) – Direct cost	
Signature of Requestor		Title or Business Identity
	INTERNAL USE ONLY	
Request Received Date:		Total Charges: \$
Receipt of Document: (Mail, Email, or Pick-Up)		Charges Paid: \$

Please Return To Teresa Talley, Executive Assistant

Email: ttalley@exposquare.com Fax: 918-744-8725