



OPEN RECORDS REQUEST FORM

City of Tishomingo, 1130 East Main Street, Tishomingo, OK 73460
 Telephone: (580) 371-2369; Fax: (580) 371-2105; tishomingo.com

How to Submit an Open Records Request

To assist with your Open Records Request to the City of Tishomingo, please return the “Requestor Information” and “Records Description” completed to the address or fax number above, attention to the City Clerk. If you have any questions regarding your request, call the telephone number above and request to speak to the City Clerk. Please allow a minimum of ten (10) business days for your request to be processed. Cost incurred, as applicable under O.S. 51 § 24.5A et seq., will be billed upon receipt of records.

Requestor Information:

Name:	Organization:	Time:
Telephone:	Address:	
Fax/Email:	If you wish to pickup request at Clerk’s office check here:	
Signature:		Date

Records Description:

Purpose of Request: Personal <input checked="" type="radio"/> Commercial <input checked="" type="radio"/> Business <input checked="" type="radio"/> (51 O.S. § 24.5. (3.1))
Indicate record(s) description and/or names of document(s) below (attach separate sheet if necessary) and time frame:

OFFICE USE ONLY

	Estimate	Actual	
Number of Pages			
Duplication Cost or Fax Fee per page			___ requested document(s) cd rom or other electronic format \$ 5.00 each
Search time (hours)		\$	Search time and direct costs must be approved by the City Clerk’s office only (initials) _____
Document search rate per hour *			
Document search cost *		\$	
DVD’s/CDs @ \$5.00 each		\$	
Total amount due			\$

* Search time when applicable under 50 O.S. § 24A 5. (3) for records/documents throughout City clerk’s Office

APPROVAL

City Clerk’s or designee approval:		Date:
City Attorney’s approval:		Date:
Mailed <input checked="" type="radio"/> Picked Up <input checked="" type="radio"/>	Date:	Date Payment Received: