



CITY OF HARRAH
CITY CLERK'S OFFICE

19625 N.E. 23RD ST.
P.O. BOX 636
HARRAH, OK 73045
OFFICE: 405-454-2951
FAX: 405-454-2130

Request for Open Record Inspection and Reproduction

(To be completed by Requester)

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Is the request for commercial purposes? Yes ___ No ___

Records and/or copies requested. Provide specific descriptions of records.

RECORD TITLE	RECORD DESCRIPTION	RECORD DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of copies []

Inspection only []

Fees: A charge for records request is authorized by State Law and has been established by the City. These charges are set at a level to compensate for the direct costs incurred in honoring a request. The fee schedule established by the city is posted and available upon request.

Signature of Requester _____ **Date** _____

Prepayment required yes [] no []

Time of Request:

Time Access/Copies Provided:

Date: _____

Date: _____

Time: _____

Time: _____

Staff time: _____ (hours) (mins) _____

Number of copies: _____ (@\$ _____) **Total copy fees \$** _____

Staff time: _____ (@\$ _____) **Total staff fees \$** _____

Other charges: _____ **Total other fees: \$** _____

Total Fees: \$ _____

Record Custodian _____ **Date:** _____