

# Request for Record Copy

## City of Spencer, Oklahoma

### (To be completed by Requestor)

Name \_\_\_\_\_

Company or Firm (Optional): \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City St Zip

Phone Number(s): \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

**Copies Sought:** Please provide as specific a description as possible of the record(s) you desire to copy.

Record Title/Date	# of Copies
1. _____	_____
2. _____	_____
3. _____	_____

Charges: A charge for providing copies of public records is authorized by state law and has been established by the city governing body. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The fee schedule established by the city is posted in this office.

The charge to you for copying the record(s) you request is \$ \_\_\_\_\_.

Prepayment of the above amount: \_\_\_\_ is required \_\_\_\_ is not required.

Your copy of this form is your receipt.

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### (To be completed by Record Custodian)

Time of Request:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_ am /pm

Time Access Provided:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_ am /pm

Staff Time Involved: \_\_\_\_\_ hrs. \_\_\_\_\_ minutes

Charge per page Copied: \$ \_\_\_\_\_

Charge for use of non-office

Copying Equipment \$ \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_

Prepaid \_\_\_\_\_

Paid \_\_\_\_\_

Billed \_\_\_\_\_

\_\_\_\_\_  
Record Custodian