

**Request for Record Copy**  
**City of Midwest City**

(To be completed by Requestor)

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Record Title/Date	Number of Copies Desired
1. _____	_____
2. _____	_____
3. _____	_____

**Charges:** A charge for providing copies of public record 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: \_\_\_\_\_ Hours                      \_\_\_\_\_ Minutes

Charge per page requested: \$       .25max        
Search Fee (if applicable): \$ \_\_\_\_\_

Charge for use of non-office

Total Charges: \$ \_\_\_\_\_  
Prepaid \_\_\_\_\_  
Paid \_\_\_\_\_  
Billed \_\_\_\_\_

\_\_\_\_\_  
Clerk