

# ***CITY OF BARTLESVILLE OPEN RECORDS REQUEST***

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## ***REQUESTOR'S INFORMATION:***

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

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

City, State, Zip: \_\_\_\_\_

Organization Represented: \_\_\_\_\_

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## ***INFORMATION BEING REQUESTED:***

Purpose of Request:      Commercial       Media Related       Other

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Items Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## ***CITY'S POLICY:***

It is the policy of the City of Bartlesville to comply fully with all applicable State Laws related to Open Records Requests. The City of Bartlesville requires that this form be filled out in order to help facilitate all requests and to enhance communication between the City and its citizens.

In accordance with State Law, the City of Bartlesville may, in certain circumstances, obtain a research fee to retrieve the requested records. If there is an applicable fee, you will be notified in advance and the fee must be paid prior to the records being retrieved. A copy of our fee schedule is posted in the customer service lobby and with the Washington County Clerk.

In addition to a possible research fee, a copy fee of \$0.25 per page or \$1.00 per page for certified copies is required. By signing this form you are indicating that all information included on this form is correct and complete to the best of your knowledge, and you are agreeing to the terms and conditions stated herein.

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