

## WEST SILOAM SPRINGS POLICE DEPARTMENT 4880 CEDAR DR COLCORD, OK 74338 918-422-5101 EXT 1

## OPEN RECORDS REQUEST FORM

## In order to complete your request, please read the following instructions:

- Please complete all applicable fields within the document below legibly and either typed or in ink. Failure to legibly complete all fields on the prescribed form may lead to delays or a denial of your request.
  - Please return the completed form either in person or via first class mail at the address above (ATTN: Open Records)
- You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act (codified at 51 O.S. §§ 24A.1, et seq.) prior to fulfillment of your request.

Please do not send payment prior to receiving notification of applicable fees and the exact amount due.

If you receive notice that there are costs associated with your request, costs shall be paid in full before W.S.S. will initiate action to gather the requested records.

	cords are ready f at the address abo		e notified by teleph	one or email at the co	ntact listed below so y	ou can arrange to pick up
Purpose of Request: (choose one)	Personal	Commercial	Public Interest	Media		
Information Request	ed:		÷	· .		
lengthy period of time	can retrieve thou nce with applicab	sands of documents, whole confidentiality and p	hich must be located	l and reviewed to deter	rmine whether the reco	tion occurring between a rd is subject to disclosure ments will slow down the
Date range of records:	From			_To		
		DESCRIPT	TON OF RECOR	DS REQUESTED		
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			·			
NAME OF PERSON	MAKING REO	UEST (Please Print N	 Vame)	·	PHONE	
		·	·,			
STREET ADDRESS,			CITY,	STATE	ZIP	
E-MAIL ADDRESS						
SIGNATURE OF REQ	UESTOR				DATE SIGNED	