

ASSOCIATION OF CENTRAL OKLAHOMA GOVERNMENTS



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OPEN RECORDS REQUEST

PURPOSE OF REQUEST: MEDIA PUBLIC INTEREST COMMERCIAL PERSONAL

IF THIS IS A MEDIA REQUEST, PLEASE DISCLOSE YOUR AFFILIATION:

Information Requested: Please state with specificity the nature of your request, the records you seek, and the applicable time frames.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

You will not be notified of any application fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 - 24A.30. Do not send money prior to receiving notification of applicable fees and the exact amount due.

SIGNATURE: _____ DATE: _____

RETURN FORM TO:

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P: 405.234.2264
E: rmeinke@acogok.org

OFFICE USE ONLY
DATE RECEIVED:
NOTES: