

# OPEN RECORD ACT REQUEST

acog

PURPOSE OF REQUEST: ☐ MEDIA ☐ PUBLIC INTEREST ☐ COMMERCIAL ☐ PERSONAL

IF THIS IS A MEDIA REQUEST, WHO ARE YOU AFFILIATED WITH:

**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:

**Rachel Meinke**  
Public Information Director  
4205 N. Lincoln Blvd.  
Oklahoma City, OK 73105  
P: 405.234.2264  
E: rmeinke@acogok.org

### OFFICE USE ONLY

DATE RECEIVED:

NOTES: