



REQUEST FOR COPYING/INSPECTING OF COUNTY PUBLIC RECORDS

Name of County Department

Date

Name of Requestor

Telephone Number

Employer of Requestor (*if applicable*)

Address

Copies of the following described records are requested pursuant to the Oklahoma Open Records Act:

This request is made for **business** or **personal** need. (*Circle one*). I have been advised that a charge for copying public records is authorized by state law.

Signature of Requestor

Title or Business Identity

INTERNAL USE ONLY

Request Date: _____

Request Time: _____

Search Time: _____

Total Charges: \$ _____

Please Return To Earlene Shriver, Comanche County Clerk
315 SW 5th Street, Suite 304
Lawton, OK 73501