

**BEFORE THE OKLAHOMA MERIT PROTECTION COMMISSION  
REQUEST FOR ACCESS TO RECORDS**

NAME:	NAME OF ENTITY REPRESENTED, IF ANY:
ADDRESS:	ADDRESS OF ENTITY:
TELEPHONE NUMBER(S):	TELEPHONE NUMBER(S) OF ENTITY:

DESCRIBE THE RECORDS REQUESTED: [Case number, case name, & specific record(s) requested]

[ ] For review only [ ] Copies will be needed

DESCRIBE THE PURPOSE AND INTENDED USE OF THE REQUESTED MATERIALS:

IF COPIES ARE NEEDED, PLEASE INDICATE THE NATURE OF COPIES: *(Note: Charges will apply)*

[ ] PHOTOCOPIES	\$0.25 PER PAGE
[ ] CASSETTE TAPES (90 minute tape(s) supplied by requestor)	\$1.00 PER CASSETTE
[ ] CASSETTE TAPES (Supplied by MPC)	\$2.00 PER CASSETTE

**The person whose signature appears below, and to whom records are released, assumes full liability for compliance with all applicable federal and state statutes, laws, regulations, rules and guidelines.**

*Please allow at least 24 hours for the retrieval or production of documents requested.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS AREA FOR COMMISSION USE ONLY**

REQUEST FOR ACCESS TO RECORDS: [ ] APPROVED [ ] DENIED

(If denied, briefly describe:)

COMMISSION STAFF MEMBER REVIEWING REQUEST FOR ACCESS TO RECORDS:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>PAYMENT IS DUE UPON RECEIPT OF RECORDS</b>			<b>QUANTITY OF RECORD(S) REQUESTED:</b>	
\$	[ ]	[ ]		
COST	CASH	CHECK	PHOTOCOPIES	CASSETTE TAPES

PREPARER'S INITIALS: \_\_\_\_\_

**CERTIFICATION OF RECEIPT OF RECORDS**

PLEASE PRINT YOUR NAME:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_