



Oklahoma Accountancy Board
201 N.W. 63rd St., Ste. 210
Oklahoma City, OK 73116

Request for Record/Information Inspection and/or Copy

Records are open for inspection unless specifically exempted from disclosure by the Oklahoma Accountancy Act, Oklahoma Open Records Act, Federal Privacy Act or other applicable laws. Most records can be provided within 24 hours but, depending on the specific request, more time may be needed. § 24A.5.5 of the Open Records Act provides in part that "A public body ... may establish reasonable procedures which protect the integrity and organization of its records and to prevent excessive disruptions of its essential functions." A charge for providing access/copies to public records is also authorized by state law and has been established by the Board. These charges are set at a level to compensate the Board for the actual costs incurred in honoring the request. The fee schedule established by the Board is posted in the Board's office and filed with the Oklahoma County Clerk's office.

Requester's Contact Information

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Record/Information Requested

Please provide a specific description of the record(s) you desire to inspect. Include information such as category (CPA/PA, Firm, Candidate), name(s) of individuals / firms, document titles, dates, etc. You will also need to state how you are requesting to view and receive the information such as in person in the OAB office, as a list, electronically to a email address, by fax, by US mail, etc.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Is this for a commercial purpose? Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

======( Do Not Write Below This Line)=====

Prepayment of the above request is \_\_\_required \_\_\_ not required.

Request Received: Access to / Copy of Record(s) Provided:
Date: \_\_\_\_\_, Time: \_\_\_\_\_ AM / PM Date: \_\_\_\_\_, Time: \_\_\_\_\_ AM / PM

\_\_\_ Paper Copy: Number of pages: \_\_\_\_\_ @ \$ .25 per page

\_\_\_ Electronic format: spreadsheet, email, or scan;

Staff Time Involved: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes @ \$ \_\_\_\_\_ per hour
(Rounded to nearest quarter hour)

Other Charges: \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_
Prepaid: \$ \_\_\_\_\_
Paid: \$ \_\_\_\_\_

CASH OR CHECK ONLY, NO CREDIT CARD PAYMENTS.

\_\_\_\_\_
Record Custodian