



Oklahoma Accountancy Board
4545 N Lincoln, Suite 165
Oklahoma City, OK 73105

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.

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 file: The file will be csv format. This format is a text file and data is separated by commas. This type of file can be imported into most spreadsheet or word processing software. Once imported you may format the information as to sort order, merge to mailing, etc.

Staff Time Involved: _____ Hours _____ Minutes @ \$ _____ per hour

Other Charges: _____

Total Charges:\$ _____
Prepaid: \$ _____
Paid: \$ _____

Record Custodian