

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)*

[<input type="checkbox"/>] PHOTOCOPIES	\$0.25 PER PAGE
[<input type="checkbox"/>] CASSETTE TAPES (90 minute tape(s) supplied by requestor)	\$1.00 PER CASSETTE
[<input type="checkbox"/>] 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: _____

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

PREPARER'S INITIALS: _____

CERTIFICATION OF RECEIPT OF RECORDS

PLEASE PRINT YOUR NAME:

SIGNATURE: _____ DATE: _____