OPEN RECORDS REQUEST

Information Requested:

Purpose of request:  [ ] Personal    [ ] Commercial    [ ] Public Interest

Name of person making request: ____________________________  (Please print name)

Address: ____________________________________________  (City)  (State)  (Zip)

Telephone: ____________________________________________

School or Company: ____________________________________  __________________  Date

(Signature) ____________________________________________

Any copies will be made in accordance with the fee schedule and procedures established by the Muskogee Public Schools Board of Education (Policy 109040) pursuant to the Oklahoma Open Records Act, 51 O. S. & 24 A:1 et. seq.

Return to: Muskogee Public Schools
Attn: Records Custodian
202 W. Broadway
Muskogee, OK 74401
(918) 684-3700

DO NOT SEND MONEY PRIOR TO OUR NOTIFICATION OF THE EXACT AMOUNT DUE. WE WILL CONTACT YOU WHEN THE REQUEST IS FILLED. PLEASE ALLOW AT LEAST A WEEK.

THANK YOU.

TOTAL AMOUNT DUE  $__________  ___________Copies @__________