

EASTERN OKLAHOMA COUNTY TECHNOLOGY CENTER - OPEN RECORDS REQUEST FORM

Pursuant to the Oklahoma Open Records Act, the undersigned request access to the following records (please describe records as specifically as possible and attach additional sheets if necessary):

Purpose of request:

TO BE COMPLETED BY THE REQUESTOR:

Print name

Signature

Address

City, State, Zip Code

Phone Number

Date

The request will be returned to the assistant superintendent.

Eastern Oklahoma County Technology Center requires a charge of fees per request being made above. Once a request is made, an estimated cost will be sent to the requestor to pay in full prior to obtaining the information requested. If the estimate exceeds the actual cost, the requestor will be required to pay prior to obtaining; if the estimate is less than the actual cost, the requestor will be refunded the difference. Please allow efficient time for staff to fulfill requests.

Eastern Oklahoma Technology Center Open Records Act Schedule of Fees

All copies (not exceeding 8.5 x 14" in size)	\$0 .25 cents per page
Certified Copy	\$1.00 per page
Oversized Copy (exceeding 8.5 x 14" in size)	Actual Cost
Video tape or DVD copy	\$10.00 per tape
Audio tape or CD copy	\$10.00 per tape
Mailing fee (if mail delivery is requested)	Actual Cost
Electronic data conversion (TIFF or PDF)	\$0.25 cents per page
USB Flash Drive	\$20.00 per device

Research or search fee (for research, review, and redacting which exceeds 15 minutes)

Administrator (other than Superintendent)	\$150.00 per hour
Support Staff	\$150.00 per hour
Superintendent	\$175.00 per hour
Legal Counsel	\$200.00 per hour

Note: In accordance with OKLA. STAT. tit. 51, §§ 24A.5(4), the technology center will require advance payment of fees if the estimated cost exceeds \$75.00 or if the requestor has outstanding fees for previous requests. Any portion of an advance payment that exceeds the actual costs of responding to the request will be returned to the requestor.

For internal use only:

☐ request approved

Amount paid: _____

Request fulfilled by: _____

Date: _____

☐ request denied

Explanation: _____

Denial by: _____

Date: _____