

# Town of Bradley

P. O. Box 115

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Bradley, OK 73011

Dial: 405-462-xxxx

Email: [BradleyOklahoma@gmail.com](mailto:BradleyOklahoma@gmail.com)

## Request for Record Inspection and/or Copy

*Records are open for inspection unless specifically exempt from disclosure by the Open Records Act or other laws. The record custodian prior to release of any information will review all requests for record inspection. A reasonable time is allowed by state law for the Town to furnish the requested record, and a charge for providing access/copies to public records is also authorized by state law and has been established by the Town Board in Resolution No. xxxx-x. These charges are set as a level to compensate the Town for the actual costs incurred in honoring your request. The fee schedule established by the Town is posted in the Town Clerk's office. This pdf form can not be filled out and signed from a browser. It must be saved to your computer or an app like PDF Expert and sent via postal mail or email.*

Name of Requesting Party: \_\_\_\_\_

Title or Business Entity: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*Copies of the following described records are requested pursuant to the Oklahoma Open Records Act.*

Description of Record (s) Requested: (Please be specific)	Purpose*	#Of Copies

\*Is this request for  Commercial  Media Related or  Personal Use? (Please check applicable box)

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**INTERNAL USE ONLY**

**To Be Completed by Record Custodian**

Date Request Received:	Time Request Received:
Date Request Completed:	Time Request Completed:
Description of Documents Provided:	
Was there a Delay in Completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Delay:	
Search Fee Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Search Time _____ #Hrs _____ #Mins
#Copies:	#Pages
Certified Copy Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Charges: \$	Total Paid: \$
Receipt #:	

Signature of Record Custodian: \_\_\_\_\_ Date: \_\_\_\_\_