



Cherokee Co RWSG & SWM District No #16
PO Box 190, Cookson, OK 74427
Attn: Charlene Ferris
Phone: 918-457-0075
charlene.okrwd16@gmail.com

REQUEST FOR RECORD COPY

(To be completed by Requester - PLEASE PRINT)

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

SIGNATURE: _____

COPIES SOUGHT: Please provide as specific a description as possible of the record(s) you desire.

Table with 2 columns: Record Title / Date, Number of Copies Desired. Rows 1, 2, 3.

CHARGES: A charge for providing copies of public records is authorized by state law and has been established by RWD#16's governing body. These charges are set at a level to compensate the District for the actual costs incurred in honoring your request. The fee schedule established by the District is posted on our website.

(To be completed by Record Custodian)

The estimated charge to you for copying the record(s) is: \$ _____

Prepayment of the above amount is required: YES _____ NO _____

Time of Request Date: _____ Time: _____ Time Access Provided Date: _____ Time: _____

Staff Time Involved: _____ Hours _____ Minutes

Charge per page copied: \$ _____

Charge for use of non-office copying equipment: \$ _____

Total Charges: \$ _____ Date Charges Paid: _____

Record Custodian Signature