



OPEN RECORDS ACT REQUEST

City of Marlow, Oklahoma

_____ Media request _____ General Public Request

Purpose of requested information: Personal Commercial Public Interest

Information Requested: Please state the specific nature of the request, specific records requested and expected time frame.

Requestor's information

Printed Name of Requestor

Address, City, ST, Zip

E-mail

Daytime Phone

Media affiliation, if any

Signature of Requestor

Date

You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 – 24A.30. Do NOT send funds prior to receiving notification of applicable fees and amount due, if any.

RETURN FORM TO: CITY OF MARLOW
OFFICE OF THE CITY CLERK
PO BOX 113, 119 S. 2ND
MARLOW, OK 73055
PH: 580-658-5401
E-MAIL: cityofmarlow@cityofmarlow.com