

BLANCHARD POLICE DEPARTMENT
117 W. BROADWAY, BLANCHARD, OK. 73010
OFFICE: (405) 485-9391 FAX: (405) 485-9391

REQUEST FOR REPORT FORM

[Your Name]: _____

[Street Address]: _____

[City, ST ZIP Code]: _____

[Date]: _____



Blanchard Police Department
Records
117 West Broadway
Blanchard, OK. 73010

Dear **Records Supervisor, Chief of Police, or Designee:**

Under the **Oklahoma Open Records Act, 51 §24A.1 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records that

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$.50 per page. However, I would also like to request a waiver of all fees in that the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of

This information is not being sought for commercial purposes.

I would request a prompt response to this request. If you expect a significant delay in responding to or in fulfilling this request, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

Signature: _____ Date: _____ Phone #: _____