

BIXBY POLICE DEPARTMENT

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CHIEF OF POLICE
Ike Shirley

REQUEST FOR RECORDS

Records Division

Name: _____ Date: _____

Address: _____ Phone: _____

City, State, and Zip Code: _____

Records Sought

Please provide a specific description of the record you desire to inspect or copy. Include date, location, incident type and names of parties involved if available.

<u>Description:</u>	<u>Number of copies</u>
_____	_____
_____	_____
_____	_____

Fees for Providing Copies

A charge for providing copies of public records is authorized by state law and has been established by the City governing body. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee for every report is 25 cents per page. Fees for DVD's/CD's are \$5.00 per disk. Certified copies are \$1.00 per page. Floppy disks are \$1.00.

The charge to you for this requested copy is \$ _____.

Time/Date of Request _____

Provided by: _____