*Request of Public Records*

City of Krebs &

Krebs Utilities Authority

NAME OF REQUESTER:

MAILING ADDRESS:

TELEPHONE: EMAIL:

I HEREBY REQUEST COPIES OF THE FOLLOWING RECORDS PURSUANT TO THE OKLAHOMA OPEN RECORDS ACT (*please be as detailed as possible*):

*I have been advised there is a charge for obtaining and copying public records as authorized by state law and cited in Krebs Resolution NO. 24-01.* ***Fees May vary depending on volume and time for completion of the record request****.*

 SIGNATURE OF REQUESTOR DATE

**OFFICE USE ONLY**

Date Completed: Amount to be Charged:

Number of Pages/Media Used/Time:

Date Contacted: Via: phone mail email

Date Collected: Receipt #

City/KUA Representative Signature: