**OPEN RECORDS REQUEST AND FEE SCHEDULE**

**CITY OF BROKEN ARROW, OKLAHOMA**

**CHARGES:** A cumulative charge for record search and copying is authorized by state law and has been established by the City. These charges are set at a level to compensate the City for direct costs incurred in honoring your request.

**NOTE**: All fees are due at the time the request is fulfilled and are **NON-REFUNDABLE**. ***Searches for commercial purposes or those that are disruptive of City operations are subject to a search fee representing the direct cost to the City of Broken Arrow.***

**PERSON REQUESTING RECORD**

|  |  |  |
| --- | --- | --- |
| NAME: | | |
| ADDRESS: | | |
| CITY/STATE/ZIP: | | |
| PHONE: ( ) | DATE: |  |

RELATIONSHIP TO PARTY IN RECORD: *(Please Check One)* Commercial Request YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| SELF | SPOUSE | PARENT | OTHER: |

*Please Describe*

**Please provide a specific description of the record(s) you want copied. Generic requests cannot be accepted.**

**Record Title/Date Check box if requesting CERTIFIED COPY**

|  |
| --- |
| **1.** |
|  |
| **2.** |
| **3.** |

**WARNING:** I swear under penalties of perjury, that any accident report or related investigation is not being requested, examined, reproduced or otherwise to be used for commercial solicitation.

.purposes.

|  |  |
| --- | --- |
| **PHOTO ID VERIFIED** |  |
|  | **X** |
| ***By Records Dept.*** | **Signature** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY RECORD CUSTODIANS ONLY (*Do not write in shaded areas*)** | | | |  |
| **FEES** |  | **TOTAL CHARGES** | |  |
| **COPY CHARGE:** | **@ $0.25/standard page** |  | |  |
| **AUDIO/CD/ZIP or FLASH DRIVE:** | **@ $10.00/copy** |  | |  |
| **SPECIAL SIZED PAPER:** | **@ $0.50/page** |  | |  |
| **CERTIFIED COPY:**  **SEARCH FEE:** | **@ $1.00/page**  **@ $20.00/hour** |  | |  |
| **Request Received:** Date: Time: Initials: | **PREPAID:** |  | |  |
| **Records Assembled:** Date: Time: Initials: | **DUE:** |  | |  |
| **Records Released:** Date: Time: Initials: | **BALANCE**: |  | |  |
| FOR POLICE RECORDS RETURN TO: 1101 N. 6TH STREET, BROKEN ARROW, OK 74012 or email to [bapdrecords@brokenarrowok.gov](mailto:bapdrecords@brokenarrowok.gov). A copy of a photo ID must be emailed with the form.ALL OTHER RECORDS RETURN TO: City of Broken Arrow - Attn: City Clerk, P. O. Box 610 Broken Arrow, OK 74013.Revised 11-2-22 | | |  | |