

REQUEST FOR RECORD INSPECTION

TOWN OF CALUMET, OKLAHOMA

To Be Completed by Requester:

NAME: _____

ADDRESS: _____(Street)

_____ (Town, State)

PHONE NUMBER: (____)____-____ SIGNATURE: _____

RECORD SOUGHT: Please provide as specific a description as possible of the record(s) you desire to inspect.

Record Title/Date

1. _____
2. _____
3. _____
4. _____

Record Custodian _____

Date: _____