

OKLAHOMA CITY

URBAN

RENEWAL

AUTHORITY

Request for Inspection and Copying of Records

Name _____ (Print) _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____
Firm _____

Check, if applicable:

New Media _____ Scholar _____ Author _____ OKC Citizen _____ *Commercial Purpose _____

Description of Record(s) Requested:

Forward request to: Oklahoma City Urban Renewal Authority
105 N Hudson Avenue, Suite 101
Oklahoma City, OK 73102
Fax: 405-232-8317/Phone: 405-235-3771
e-mail: info@theallianceokc.org

(Office Use Only)

Date request received: _____ Date produced: _____
Inspection of record only: _____ Number of copies made: _____
Records withheld: _____ Yes _____ No Reason: _____
Estimated copy fee: _____ Deposit amount: _____ How paid: _____
Actual copy fee: _____
Additional fee: _____ Time spent completing request _____
Employee complying with request _____ Date: _____