



City of Atoka
353 East A St.
P.O. Box 900
Atoka, OK 74525

Record Request Form

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

How do you prefer to be contacted once your request has been completed?

Phone _____ Mail _____

Records Requested (Please describe the topic, information, or documents that you want, including, if possible, the name, date, subject matter, and location of the information. To improve your chances of getting all the records you request, be as specific as possible)

Reason (Please state the reason you are requesting these records)

Once your request is submitted and your information verified, you will be contacted regarding the payment of any applicable fees associated with the request and with an estimated timeline for response. Please note that requests are answered in the order in which they are received.

Note: If you are requesting copies, research, or information via mail, you are responsible for the fees for those services.

The City of Atoka is not responsible for misdirected mail.

Signature _____ Date _____