

**Request for Record Inspection and/or Copy**

*Records are open for inspection unless specifically exempt from disclosure by the Open Records Act or other laws. The record custodian prior to release of any information will review all requests for record inspection. A reasonable time is allowed by state law for the RWD to furnish the requested record, and a charge for providing access/copies to public records is also authorized by state law and has been established by the RWD in the Bylaws. These charges are set at a level to compensate the RWD for the actual costs incurred in honoring your request. The fee schedule established by the RWD is filed at the County Clerk's office. This PDF form can not be filled out and signed from a browser. It must be saved to your computer or smart phone, printed and sent via postal mail or scanned and sent via email.*

Name of Requesting Party:

Vera Baker

Title or Business Entity: Individual RWD Member Telephone No: [Redacted]

Mailing Address: [Redacted] (Street) Bradley (City) OK (State) 73011 (Zip)

Copies of the following described records are requested pursuant to the Oklahoma Open Records Act.

Description of Record (s) Requested: (Please be specific)	Purpose*	#Of Copies
I would like a copy of my Membership Certificate	Personal	1

\*Is this request for  Commercial  Media Related or  Personal Use (Please check applicable box)

Signature: [Redacted] Date of Request: 7-15-2025

**INTERNAL USE ONLY**

**To Be Completed by Record Custodian**

Date Request Received: <i>7-15-2025</i>	Time Request Received:
Date Request Completed: <i>8-4-2025</i>	Time Request Completed:
Description of Documents Provided: <i>Unable to locate this record due to the lack of records</i>	
Was there a Delay in Completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason for Delay: <i>We have,</i>	
Search Fee Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Search Time _____ #Hrs _____ #Mins
#Copies: _____ #Pages _____	Certified Copy Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Charges: \$ _____	Total Paid: \$ _____ Receipt #: _____

Signature of Record Custodian: *Justin S. McWhorter* Date: *8-4-2025*

**Send completed form by mail to the Board Secretary at PO Box 87; Bradley, OK 73011 or present to the Board of Directors during a meeting.**