



OPEN RECORDS REQUEST FORM

Oklahoma Board of Chiropractic Examiners
421 NW 13th Street, Suite 180
Oklahoma City, OK 73103

Note: We can process requests pertaining only to records of the Oklahoma Board of Chiropractic Examiners (OBCE). If you seek records from another public body, please direct that request to the specific public body.

In order to complete your request, please read the following instructions:

- Please complete the form fields below. Required fields are noted by an asterisk (*).
- Submit the completed form electronically by attaching the PDF form and emailing it to: beth.kidd@chiro.ok.gov

In accordance with Section 24A.5 of the Oklahoma Open Records Act, a public body may charge a fee for the recovery of the reasonable, direct costs of record copying or mechanical reproduction. In addition, if the request is solely for a commercial purpose or would clearly cause excessive disruption of OBCE's essential functions, OBCE may charge an additional fee to recover its direct cost of record search and copying. You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. § 24.A.5. **DO NOT send money prior to receiving notification of applicable fees and exact amount due. Any associated costs shall be paid in full before the material is reviewed or copies are delivered.**

| REQUESTOR CONTACT INFORMATION | | | | |
|--|------|--------------|-----|--------|
| I am a member of the (<i>select one</i>): <input type="checkbox"/> General Public <input type="checkbox"/> Media <input type="checkbox"/> Other, please specify: _____ | | | | |
| First Name | | Last Name | | |
| Business Name | | Phone Number | | |
| Current Address | City | State | Zip | County |
| Email Address | | | | |
| PREFERRED DELIVERY METHOD (<i>select one</i>): <input type="checkbox"/> Email <input type="checkbox"/> USPS Mail | | | | |
| <i>Records requested are sent via email, to the address provided on this form, unless you specify a different method of delivery.</i> | | | | |

REQUEST INFORMATION

Narrow your request as much as possible. Broad requests that include commonly used terms or requests for information or records across a lengthy period of time can retrieve thousands of documents, which must be located and legally reviewed to comply with applicable federal and state law concerning confidentiality or privilege. Please also be advised that the Open Records Act does not require OBCE to create a record not otherwise in its possession.

| REQUESTED INFORMATION |
|---|
| Purpose of Request* (<i>select one</i>): <input type="checkbox"/> Personal <input type="checkbox"/> Commercial <input type="checkbox"/> Public Interest |
| Provide a specific date range: _____ TO _____ Starting Date (MM/DD/YYYY) Ending Date (MM/DD/YYYY) |
| Specify the nature of the records you seek: <i>Please provide detailed information to make the search as efficient and timely as possible.</i> |
| Please provide specific search terms, separated by commas: |

Questions? Contact the Board office at (405) 522-3400 or beth.kidd@chiro.ok.gov