OPEN RECORDS ACT REQUEST

Johnston County Sheriff's Office

□ Media	☐ General Public	☐ Other, explain:
Person maki	ng the Request:	
Name:		
Organization:		
Address:		
Phone:		
Email:		
Purpose of R	equest: □ Personal	☐ Commercial ☐ Public Interest
precise timing	_	the specific nature of your request and the records that you seek. If the own, please provide an approximate date and time frame for authorized ed information.
Signature		Date

You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 - 24A.30. Do **NOT** attempt to make payment prior to receiving notification of applicable fees and the exact amount due.

RETURN FORM TO: Johnston County Sheriff's Office

Attn: Crystal Alvarez 110 N. Capital Ave. Tishomingo, OK. 73460 (580) 371-2646 ph.

