



700 S Highway 77  
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# OPEN RECORDS REQUEST FORM

(Fees May Apply)

Date/Time of Request: \_\_\_\_\_ Incident/Accident #: \_\_\_\_\_

Purpose for Request: \_\_\_\_\_

## Mandatory Requestor Information

Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Report Request Information

Incident/Accident Date: \_\_\_\_\_ Incident/Accident Time: \_\_\_\_\_

Incident/ Accident Location: \_\_\_\_\_

Incident/Accident Nature (Type): \_\_\_\_\_

Person Involved: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Vehicle Information, If Applicable

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_

Tag/Tag State: \_\_\_\_\_ Vin: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Received By: \_\_\_\_\_