

ENID POLICE DEPARTMENT OPEN RECORDS REQUEST

Requestor Name: _____

Date: _____

Requestor Mailing Address: _____

Phone #: _____

Requestor's Firm: _____

Phone # _____

Email: _____

TYPE OF REQUEST	REQUESTED	FEE	# OF	Total
ACCIDENT/INCIDENT REPORTS		\$0.25 PER PAGE		
PRINTED DISPATCH LOG		\$0.25 PER PAGE		
RADIO TRAFFIC/911 CALL		\$4.00 PER PAGE		
PHOTOGRAPHS		\$4.00 PER PAGE		
BODY CAMERA/DASH CAMERA		\$4.00 PER DISC		
RESEARCH FEE		\$12.00 PER HOUR		
VIDEO REDACTION FEE		\$20.00 PER HOUR (\$10.00 minimum)		

Amount Deposited _____
Total Cost of Request _____
Difference _____

A redaction fee will be applied to all requests for in-car and/or body camera recordings. The redaction fee is based on the average hourly rate of the personnel cost. This rate has been determined to be \$20.00 per hours.

A schedule of fees are posted in the City of Enid Court Clerk's office and the Enid Police Department Records Division. A reasonable effort will be made to estimate the total cost of fees associated with an opens records request prior to the records custodians collecting the records. Whenever the estimate exceeds \$10.00 a deposit will be required totalling the amount of the estimate. Once the records are collected the actual total amount must be collected/returned prior to the requestor receiving the records.

Requestors Signature: _____

PLEASE PRINT - INFORMATION REQUESTED CONCERNING THE FOLLOWING

CFS#: _____

NAME: _____

1ST PERSON INVOLVED

LAST

FIRST

MI

DOB

NAME: _____

2ND PERSON INVOLVED

LAST

FIRST

MI

DOB

INCIDENT LOCATION

Employee _____