

**OKLAHOMA HOUSING FINANCE AGENCY  
REQUEST FOR INSPECTION AND/OR COPYING OF RECORDS  
OKLAHOMA OPEN RECORDS ACT, 51 O.S., SECTIONS 24A.1, et seq.**

Please return completed form to [communications@ohfa.org](mailto:communications@ohfa.org)

**Name of person making request:**

**Firm:**

**Address:**

**Telephone:**

**Fax:**

**Email:**

Details of request  
including file name  
& property address

**Copies:** \_\_\_\_ Yes \_\_\_\_ No      **Digital:** \_\_\_\_ Yes \_\_\_\_ No

[Records to be copied should be indicated]

**With my signature, I acknowledge that I have read OHFA's Open Records Policy.**

**Signature:** \_\_\_\_\_ **Date of request:** \_\_\_\_\_

OHFA will provide an estimate of the total charge for the records requested.

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(For OHFA use only)

**Date request received:** \_\_\_\_\_ **Date produced:** \_\_\_\_\_

**OHFA Program/Department/Division:** \_\_\_\_\_ **File number(s):** \_\_\_\_\_

**Program Supervisor:** \_\_\_\_\_ **Date notified:** \_\_\_\_\_

**Inspection/file review only:** \_\_\_\_\_ **If copies are made, number of copies:** \_\_\_\_\_

**Records copied (attach description or duplicate copy):** \_\_\_\_\_

**Records withheld/privilege claimed:** \_\_\_\_ Yes \_\_\_\_ No **Description:** \_\_\_\_\_

**Estimated copy fee:** \_\_\_\_\_ **Deposit amount:** \_\_\_\_\_ **How paid:** \_\_\_\_\_

**Actual copy fee:** \_\_\_\_\_ **How paid:** \_\_\_\_\_

**OHFA Staff complying with request:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**