

OKLAHOMA OPEN RECORDS ACT REQUEST FOR INFORMATION

Date: _____

Requested by: _____

Complete mailing address: _____

Phone: _____

E-mail address: _____

Fax: _____

ODAFF Division (if known): _____

Information Requested:

Signature of Requester: _____

Request Received By: _____

Information Released By: _____

For all Agency Open Record Requests please send to the following contact:

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Office of General Counsel
P. O. Box 528804
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