

# INTERLOCAL CONTACT FORM

Please print clearly.

Interlocal Name:		Fiscal Year End Date:	
Contact Name:		Title:	
Mailing Address:		City:	State: Zip:
Phone:	Fax:	eMail:	

Send this form to:

OKLAHOMA INSURANCE DEPARTMENT  
ATTN: DEBORAH THETFORD, RIS DIVISION  
400 N.E. 50<sup>TH</sup> STREET  
OKLAHOMA CITY OK 73105

For questions, please contact Deborah Thetford  
at 405-521-6651 or [deborah.thetford@oid.ok.gov](mailto:deborah.thetford@oid.ok.gov) or Fax 405-522-4611.