



OPEN RECORDS REQUEST

Media

General Public

Information Requested: Please state with specificity the nature of your request, the records you seek, and the applicable time frames.

Purpose of Request: Personal Commercial Public Interest

EMAIL ADDRESS

NAME OF PERSON MAKING REQUEST (Please Print Name)

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

If this is a media request, who are you affiliated with.

SIGNATURE

DATE

You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 - 24A.30. Do NOT send money prior to receiving notification of applicable fees and the exact amount due.

RETURN FORM TO:

OKLAHOMA INSURANCE DEPARTMENT
400 NE 50th Street
Oklahoma City, OK. 73105
Phone: 405.521.2828 Fax: 405.521.6635
Email: oidopenrecords@oid.ok.gov

