

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: RIS DIVISION
400 NE 50TH ST
OKLAHOMA CITY OK 73105-1816

Or email to ris@oid.ok.gov