



Open Records Request Form

Today's Date: _____

Name: _____

Organization: _____

Job Title: _____

Business Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

Other Phone: _____

Request Subject: _____

Date needed by: _____

Please provide a brief description* of the data you are requesting.

**Attach additional support documents if needed, and list file names in the description field or provide hyperlinks to any referenced documents.*

HOW TO SUBMIT FORM

Once complete, please print a copy for your own records and click the "Submit by Email" button. Also, forms can be emailed or faxed to:

Office of General Counsel
3400 Martin Luther King Avenue
Oklahoma City, OK 73136
(405) 425-2515
openrecords@doc.ok.gov

SUBMIT BY EMAIL

CLEAR FORM

PRINT FORM

NOTE: Signatures may be required if this request is not received from the requestor listed in the 'Name' field.

DISCLAIMER: All electronically filed requests must be specific in content regarding names, date range, etc.

IN HOUSE USE ONLY

Date Received: _____

Assigned to: _____