



**STATE OF OKLAHOMA
DEPARTMENT OF PUBLIC SAFETY
COMMUNICATIONS AND ELECTRONIC SERVICES
RADIO OPERATIONS CENTER**



CHANGE REQUEST

(Please fill out the form as completely and accurately as possible)

REQUESTOR INFORMATION

Last Name:	First Name:	Governmental Entity:	
Street Address:		Phone: ()	
City:	State:	ZIP Code:	
Email:			

REQUEST TYPE

- | | | | |
|--------------------------------------|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Talkgroup | <input type="checkbox"/> Enable Radio | <input type="checkbox"/> Letter of Authorization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Site Access | <input type="checkbox"/> Programming | <input type="checkbox"/> Emergency Alarm | |

DETAILS

Please explain the request and justification for the request:

STATEMENT OF AUTHORIZATION

The person signing this Statement of Authorization HEREBY CERTIFIES that he/she is authorized by the above named Governmental Entity ["Entity" hereinafter] to sign this document for and on behalf of the above named Entity. Said Entity authorizes OKWIN to make the above mentioned changes.

Signature of Authorized Representative of Entity

Printed Name

Title

Date Signed

FOR OKWIN SYSTEM ADMINISTRATORS USE ONLY

- Approved Denied; Reason:

Signature

Printed Name

Title

Date Signed