## **PUBLIC ACCESS COUNSELOR COMPLAINT**

## YOUR CONTACT INFORMATION

Name	Business or other Affiliation			
Phone Number	Number E-mail Address			
Mailing Address				
City State	Zip	County		
By completing this form, you are requesting a re record. 51 O.S. § 24A.40 requires that (1) this form include a copy of the request for access to record	be signed by the re	equestor and (2)	) this complaint must	
Name of Public Body or Public Official(This may include, for example, state agencies or departments	; cities and counties; scho	pol districts; elected	officials.)	
Date of Records Request//				
How did you send your request?	online E-Mail	Mail	Hand-Delivered	
Have you received a response?		Yes	No	
Did you request the records for a commercial purp	oose?	Yes	No	
Have you consulted with an attorney about this red	quest?	Yes	No	
Has a lawsuit been filed related to this request?		Yes	No	
By filing this complaint, I understand that copies of the named public body or official.	of the complaint and	l accompanying	naterials will be sent to	
The information provided in this complaint is truth	nful, accurate, and co	omplete to the b	est of my knowledge.	
Signed	Date			
51 O.S. § 24A.40 Does not guarantee a review or investigation. Furthermore, you must understaithat the Attorney General is not your private att	nd <b>RETUR</b> I	RETURN TO: opengov@oag.ok.gov or		
Complete this request online: oklahoma.gov/oag/pac-complaint	Attentio 313 N.E.	Oklahoma Attorney General Attention: Public Access Counselor Unit 313 N.E. 21st St. Oklahoma City, OK 73105		

Oklahoma City, OK 73105