

**OKLAHOMA STATE BUREAU OF INVESTIGATION
Open Records Act Request**

TO: OSBI OPEN RECORDS REPRESENTATIVE DATE: _____

OSBI Location Where Request is Being Made: _____
(Name of OSBI Lab or Office)

REQUESTOR INFORMATION		
Full Name:		
Complete Mailing Address:		
City/Town:	State:	Zip:
Telephone (Optional): ()		

PURPOSE OF REQUEST
Request is made to Review (), or Receive Copies (), of documents for the following described <u>specific</u> purpose or purposes:

RECORDS REQUESTED
MUST be detailed and specific on EACH document described – may attach list Under Authority of Title 51 O.S. Section 24A.1 through 24A.19, entitled the "Oklahoma Open Records Act," I request the following documents from the Oklahoma State Bureau of Investigation. If you are requesting records concerning a particular individual, please provide the individual's sex, race, social security number and date of birth, if possible.
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)

I certify the above information is true and correct: _____
(Signature of Requestor)