OPEN RECORDS ACT REQUEST



Oklahoma State Fire Marshal

Media General Pe	ublic		
Information Requested: Please state wand the applicable time frames.	rith specificity the nature of your requ	uest, the records you seek,	
E-MAIL ADDRESS			
Purpose of Request: Personal	Commercial Public In	terest	
NAME OF PERSON MAKING REQUEST (P	Please Print Name)		
ADDRESS			
CITY	STATE	ZIP	
PHONE	FAX		
If this is a media request, who are you a	affiliated with.	•	
SIGNATURE OF REQUESTOR	DAT	DATE SIGNED	

You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 - 24A.30. Do **NOT** send money prior to receiving notification of applicable fees and the exact amount due.

RETURN FORM TO:

Oklahoma State Fire Marshal

Attn: Open Records Act Request Coordinator

2401 NW 23rd Street, Suite 4 Oklahoma City, OK 73107 Phone (405) 522-5009

Email: Susie.Cain@fire.ok.gov