



**State of Oklahoma  
Office of Management and Enterprise Services  
Division of Capital Assets Management  
Risk Management Department**

**Agency Contact List**

DCAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405/521-4999, FAX: 405/522-4442

**Please fill out the following and return to Risk Management**

**Agency Name:** \_\_\_\_\_ **Agency Number:** \_\_\_\_\_

**Agency Head:** \_\_\_\_\_  
(Please provide the name of the Director, Commissioner, President, etc. of Agency, University or College)

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Assistant Head:** \_\_\_\_\_  
(Please provide the name of the Assistant Director, Commissioner, Vice-President, etc. of Agency, University or College)

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Risk Manager: (Tort/Motor Vehicle Claims)** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Risk Manager: (Property Claims)** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**General Counsel:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

**(Please print or type)**