

# Oklahoma Board of Dentistry

## Open Records Request Form

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**Records Requested:** Please state with specificity the nature of your request, the records you seek, and the applicable time frames.

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*Name of Person Making Request (Please Print)*

Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Apartment/Unit #*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP Code*

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*Company you are affiliated with*

E-Mail Address: \_\_\_\_\_

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.

**Note:** We can process requests pertaining only to records of the Oklahoma State Board of Dentistry. If you seek records from another agency, please direct your request to the specific agency.

**E-MAIL FORM TO:** [Jeff.Puckett@dentistry.ok.gov](mailto:Jeff.Puckett@dentistry.ok.gov)

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