OPEN RECORDS ACT REQUEST



Oklahoma State Fire Marshal

Media	General Public			
Information Requested: Pland the applicable time frame		ificity the natu	re of your request, the	e records you seek,
*				
			.06	
E-MAIL ADDRESSPerpose of Request: Perpose	ersonal Con	nmercial	Public Interest	<u>, , , , , , , , , , , , , , , , , , , </u>
NAME OF PERSON MAKING	REQUEST (Please Pr	int Name)		
ADDRESS				-
	(4)			
CITY		STATE		ZIP
PHONE			FAX	
				*
If this is a media request, w	ho are you affiliated	with.		
SIGNATURE OF REQUESTO	 R	DATE SIGNED		 ED

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

P O Box 36690

Oklahoma City, OK 73126-2690

Phone (405) 522-5009

Email: Susie.Cain@fire.ok.gov