

INTERLOCAL CONTACT FORM

Please print clearly.

Interlocal Name:		Fiscal Year End Date:	
Contact Name:		Title:	
Mailing Address:		City:	State: Zip:
Phone:	Fax:	eMail:	

Send this form to:

OKLAHOMA INSURANCE DEPARTMENT
ATTN: LAUREN LYNCH, REGULATED BUSINESS ENTITIES
3625 NW 56TH ST STE 100
OKLAHOMA CITY OK 73112-4511

For questions, please contact Lauren Lynch
at 405-522-4611 or lauren.lynch@oid.ok.gov.