

INTERLOCAL CONTACT FORM

Please print clearly.

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|------------------|------|-----------------------|--------|------|
| 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: JEANETTE PEARCE, FINANCIAL DIVISION
3625 NW 56TH ST STE 100
OKLAHOMA CITY OK 73112-4511

For questions, please contact Jeanette Pearce
at 405-521-6651 or jeanette.pearce@oid.ok.gov or Fax 405-522-2640.