

OPEN RECORDS ACT REQUEST

Oklahoma Workers' Compensation Commission

Media General Public

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

E-MAIL ADDRESS

Purpose of Request: Personal Commercial Public Interest

NAME OF PERSON MAKING REQUEST (Please Print Name)

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

If this is a media request please state with whom you are affiliated.

SIGNATURE

DATE

You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 - 24A.32. Do **NOT** send money prior to receiving notification of applicable fees and the exact amount due.

RETURN FORM TO: Attn: General Counsel
Oklahoma Workers' Compensation Commission
1915 North Stiles Avenue
Oklahoma City, Oklahoma 73105
Phone: (405) 522-8784 Fax: (405) 522-3256
Email: openrecordsrequests@wcc.ok.gov

