



Oklahoma HIDTA Intelligence Center

Active Event Deconfliction Form

Date of Request: _____ Time of Request: _____

Agent / Officer Information

Name: _____ Agency: _____

24 Hour Contact (phone/email): _____

Supervisor Name: _____ Supervisor Contact: _____

Event Deconfliction Information

Note: an event is entered for a max of **90 days** at a time. You will be notified of any conflicting addresses within a 950 ft. radius while considered active. Please send form to deconfliction@obn.ok.gov.

Case Number (if applicable): _____

Event Type (select one):

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Is this a public place? Yes No

Name of Business/Apartment Complex: _____

Address: _____

Apt./Ste./Room Number(s): _____

City, State, Zip Code: _____

GPS Coordinates (if address unknown): _____

You may renew the address as often as necessary to keep it active for the duration of your investigation.