



**OKLAHOMA STATE BUREAU OF NARCOTICS
AND DANGEROUS DRUGS CONTROL**

419 N.E. 38th Terrace
Oklahoma City, Oklahoma 73105
TELEPHONE 405-521-2885 • 1-800-522-8031



OPEN RECORDS REQUEST FORM

In order to complete your request, please read the following instructions:

- Please complete all applicable fields within the document below **legibly and either typed or in ink**. Failure to legibly complete all fields on the prescribed form may lead to delays or a denial of your request.
- Please return the completed form either in person or via first class mail at the address above (ATTN: Open Records)
- You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act prior to fulfillment of your request. A copy of the fee schedule is also available upon request
 - Please do not send payment prior to receiving notification of applicable fees and the exact amount due. If you receive notice that there are costs associated with your request, costs shall be paid in full before OBN will initiate action to gather the requested records.
- When the records are ready for retrieval, you will be notified by telephone or email at the contact listed below so you can arrange for pick up the records at the address above

Purpose of Request: Personal Commercial Public Interest
(choose one)

Information Requested:

Please narrow your request as much as possible. Broad requests that include commonly used terms or requests of information occurring between a lengthy period of time can retrieve thousands of documents, which must be located and reviewed to determine whether the record is subject to disclosure and to ensure compliance with applicable confidentiality and privacy laws prior to release. Retrieving a large number of documents will slow down the process and may lead to unnecessary expense.

Date range of records: From _____ to _____

NAME OF PERSON MAKING REQUEST (Please Print Name) _____ PHONE _____

STREET ADDRESS, _____ CITY, _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

If this is a media request, please identify the media organization with which you are affiliated.

SIGNATURE OF REQUESTOR _____ DATE SIGNED _____

*Committed to honor, integrity, and excellence, the Oklahoma Bureau of Narcotics will
Serve the citizens of Oklahoma in the quest for a drug-free state.*