

OKLAHOMA OPEN RECORDS ACT REQUEST FOR INFORMATION

Date: _____

Requested by: _____

Complete mailing address: _____

Phone: _____

E-mail address: _____

Fax: _____

Information Requested: _____

Signature of Requester: _____

Request Received By: _____

Information Released By: _____

For Requests to the Agricultural Environmental Management Services Division
Please send to one or both of the following contacts:

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