

**Oklahoma Department of Corrections**  
**Legislative Contact Form**

Today's date: \_\_\_\_\_ Facility: \_\_\_\_\_

Legislator: \_\_\_\_\_

Event/reason for contact or visit: \_\_\_\_\_

General Topic and Discussion:

\_\_\_\_\_  
Name of Facility Head (Please print)

\_\_\_\_\_  
Signature/Date

Please submit this form through the chain of command to the agency Director, Chief of Staff, and Chief Administrator of Policy Engagement.