STATE OF OKLAHOMA

ARCHIVES AND RECORDS COMMISSION

AGENCY NOTICE OF INTENT TO DE							
Name of Agency			Date Prepared		Date Received (eave blank)	
Name of Division				Phone Number			
Schedule or RDA Number	Series Number	Series Tit	tla	Ir	nclusive Dates of Records	Reel or Fiche Number	
KDA Nullibel	Number	Selies III	ue			Number	
	I hereby certify the	nat for the above list	ted records all state	te and fede	eral audits have he	an an	
	completed, all ap	plicable audit reports agencies and no legal a	have been accepte	ed and reso			
			- 				
Signature of Agency Official			Little of Age	ency Official			
	APPROVI	=D					
			Signature of	Signature of State Records Administrator or Designee			
	DENIED						
			Date				

YELLOW - Agency Copy

SUBMIT ALL THREE COPIES TO THE STATE RECORDS ADMINISTRATOR