



Oklahoma Watch Center

Subject Deconfliction Form

Date of Request: _____ Time of Request: _____

Agent / Officer Information

Name: _____ Agency: _____

24 Hour Contact (phone/email): _____

Supervisor Name: _____ Supervisor Contact: _____

Case Deconfliction Information

Note: Please only submit one form per subject. When submitting a subject, please notate any alias names or DOBs. Please send form to deconfliction@obn.ok.gov.

Case Number (if applicable): _____

Subject:

Name (Last, First Middle): _____

Race: _____ Gender: _____ DOB: _____ SSN: _____

FBI: _____ State ID: _____ Local ID: _____ DL: _____

Alias Name(s):

Name (Last, First): _____

Maiden, Married Last Names:

Alias DOB: _____

*** Please notify us when you close this case so we may close it in our system***

24 Hour Deconfliction Hotline: 1-877-999-METH (6384)