

Freedom of Information Act (FOIA) Request Form

Requestor Information

Request Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Are you a citizen of the State of Arkansas? Yes____ No____

Pursuant to the Arkansas Freedom of Information Act (Arkansas Code Annotated § 25-19-101 et seq.), I hereby request access to and copies of the following public records:

1. Describe the records you request as specifically as possible.

2. Include any additional details that may help locate the records.

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Preferred Method to Receive Records: Check one:

Electronic Via E-Mail:_____

Inspect on Site:_____

Copies on Media:_____

Fax Copies:_____

Pick-Up Copies:_____

Regular Mail:_____

If there are any fees associated with processing this request, please inform me of the total charges in advance. I am willing to pay up to [Insert Maximum Amount You Are Willing to Pay] _____ for the processing of this request. If the cost exceeds this amount, please contact me before proceeding.

If you deny any part of this request, please cite each specific exemption you believe justifies the refusal to release the information and notify me of the appeal procedures available under the law.

Thank you for your attention to this matter. I look forward to your prompt response within the time frame specified by Arkansas FOIA.

Sincerely,

Name:_____ Signature:_____