

# FAULKNER COUNTY REQUEST FOR RECORDS

## Requestor Information

Request Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently a citizen of the State of Arkansas  Yes  No

Please provide a copy of your driver's license or other proof of citizenship.

If you are a corporation, please provide evidence you are doing business and/or licensed in Arkansas.

Are you currently an incarcerated felon?  Yes  No

## Information Requested

Describe in Detail the information you are requesting. Be as specific as possible.

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**Reason You Are Requesting the Information**

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- Delivery Method:     Email \_\_\_\_\_
- Mail
- I will personally pick up the requested items.
- Other \_\_\_\_\_

I agree to pay actual costs of the reproduction of these records, plus any mailing expenses, if required.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_