

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

Are you requesting records on behalf of an incarcerated felon? Yes No

Information Requested

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

- 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: _____