

**Mountain Home Police Department  
103 West 9<sup>th</sup> Street  
Mountain Home, AR 72653**

**Freedom of Information Act Request**

**Date:** \_\_\_\_\_

**This is a request under the Freedom of Information Act.**

**I request that a copy of the following documents (or documents containing the following information) be provided to me. (Identify the documents or information as specifically as possible, include dates and time if possible.)**

---

---

---

---

---

**I am willing to pay fees in the amount of \$2.00 per report and an additional .25 cents for each page over 3 pages in this report.**

**Name of Requestor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_