



# Mountain Home Police Department

## Freedom of Information Act Request



Requestor Information:

Name	Date:		
Mailing Address			
City	State	Zip	
Phone	Fax		
Email			

Describe in detail the information you are requesting. Be as specific as possible with information such as dates, names, locations, and type of report.


Completed forms may be submitted in person or mailed to:

Mountain Home Police Department  
424 W 7<sup>th</sup> St.  
Mountain Home, AR 72653

Preferred Method of Receipt: Email Mailing Address

Please include payment of \$2.00 per report to receive the information you are requesting.

All inquiries regarding this request may be answered by calling 870-425-6336 during business hours. This request is also a public record and subject to disclosure.

\_\_\_\_\_  
Signature