Hot Spring County 911

215 East Highland Ave

Malvern, Arkansas 72104

Phone: (501) 332-4911

Fax: (501) 332-3140

## REQUEST FOR RELEASE OF INFORMATION (FOIA)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| REQUESTOR | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requestor Name: | | |  | | | | | | | | | | | Phone: | | |  | | | Alt Phone: | | |  | | |
| Date of Request: | | |  | | | | Agency: | |  | | | | | | | | | | Date Needed: | | |  | | |  |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Request: | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| INCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Date: |  | | | | | Incident Time: | | | | |  | | | | Incident Number: (if known) | | | | | |  | | | | |
| Address Involved: | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Details of Request: | | | | l | | | | | | | | | | | | | | | | | | | | | |
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| Requested Media: | | | | CD ROM | | | | | | Email | | |  | | | | | | | | | | | | |
|  | | | | Portable Storage | | | | | Other: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| - FOR OFFICE USE ONLY - | | | | | | | | | | | | | | | | | | | | | | | | | |
| Researched By: | |  | | | | | | | | | | Date Completed: | | | |  | |  | | | | | | | |
|  | | (print name) | | | | | | | | | | | | | | | | | | | | | | | |
| Explanation of Information Released: | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| ACKNOWLEDGEMENT OF RECEIPT | | | | | | | | | | | | | | | | | | | | | | | | | |
| The audio recording or information you are requesting may contain matters involving individuals’ right to privacy, sensitive law enforcement matter, and/or vital governmental interests. By submitting this request, you are accepting responsibility for complying with all legal requirements concerning the use or disclosure of any information received, or recorded media provided. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Requestor Signature | | | | | | | | | | | | | | | | | | | | | | | | Date | |
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| Print Name | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 911 Official Signature | | | | | | | | | | | | | | | | | | | | | | | | Date | |
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| Print Name | | | | | | | | | | | | | | | | | | | | | | | |  | |