

The City of Diamond City, Arkansas
Freedom of Information Requests

Date Requested: _____ Time Requested: _____

Requestor: _____ Signature: _____
(Print Name)

Address: _____ City: _____ St: _____ Zip: _____

Home Ph: _____ Cell Ph: _____

Information Requested:

Information Given:

Date Complied With: _____ Received By: _____
Time Complied With: _____ Date/Time: _____

Request Completed By: _____

Related Costs: # Copies _____ (.10 Cents Per Copy)	\$ _____
\$15.00 Per Hour	\$ _____
Other Costs _____	\$ _____
Total Costs	\$ _____

Payment Method: Cash _____ Check # _____ GF Receipt# _____

This form may be faxed to 870.422.2970 or emailed to dbullshoals@diamondcity.net.

Mayor
Diamond City, Arkansas