

**CITY OF LITTLE ROCK – POLICE DEPARTMENT  
FREEDOM OF INFORMATION ACT REQUEST**

REQUEST MADE BY:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

TIME OF REQUEST: \_\_\_\_\_

REQUEST RECEIVED BY:

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE RECORD REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*RECORD PROVIDED BY: \_\_\_\_\_

DATE PROVIDED: \_\_\_\_\_

TIME PROVIDED: \_\_\_\_\_

NUMBER OF COPIES MADE: \_\_\_\_\_ CHARGES: \$ \_\_\_\_\_

\* To be completed by the agency/department providing the record