**FOIA REQUEST FORM**

**Contact: The Custodian of Records – 501-676-4300**

**Email: Depcityclerk@cityoflonoke.com**

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_

 (PRINT PLEASE)

Phone number to be reached when ready: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Request:

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Picked up By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick up Date: \_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_

 (PRINT PLEASE)

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