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FREEDOM OF INFORMATION ACT REQUEST APPLICATION

REQUESTORS INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF RECORDS REQUESTED (BE SURE TO IDENTIFY THE RECORDS AS CLEARLY AND SPECIFICALLY AS POSSIBLE. PLEASE PROVIDE SUFFICIENT INFORMATION WHICH WOULD BE HELPFUL IN LOCATING RECORDS AND/OR DOCUMENTS): _____

PRIVACY ACT NOTICE:

THIS DISCLOSURE OF INFORMATION WHICH YOU SEEK UNDER THE ARKANSAS FREEDOM OF INFORMATION ACT IS PERMITTED UNDER THE AUTHORITY OF THE ARKANSAS FREEDOM OF INFORMATION ACT. INFORMATION THAT YOU PROVIDE TO US, i.e., YOUR NAME, ADDRESS, AND OTHER INFORMATION ABOUT YOU, THE REQUESTOR AND THE RECORD(S) THAT YOU SEEK ARE KEPT ON FILE AND WILL ONLY BE DISTRIBUTED IN ACCORDANCE WITH THE ARKANSAS FREEDOM OF INFORMATION ACT (FOIA).

COST OF COPIES IS THE RESPONSIBILITY OF THE REQUESTOR: (TOTAL COST) _____

YOUR REQUESTED INFORMATION WILL BE AVAILABLE AS SOON AS POSSIBLE.

DATE REQUEST COMPLETED: _____ BY: _____