



City of Tontitown  
 Attn: Renee Biby  
 FOIA Coordinator  
 P.O.Box 305  
 Tontitown, AR 72770  
 Phone: 479-361-2700  
[adminasst@tontitownar.gov](mailto:adminasst@tontitownar.gov)

Name of Requestor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Records Requested** \* provided as much detail as possible so the public body can identify the information that you are seeking. You may attach additional pages if necessary. Would you like to inspect, copy, or receive copies of the requested records?\*"\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No Do you want paper copies of the records?

Yes  No Do you want Electronic copies of the records?

Yes  No Are you requesting a fee waiver?

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Office Use Only\**

Name of Public Body Receiving Request: _____	Date Received Requested: _____
Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person	