



City of Tontitown
FOIA Coordinator
P.O.Box 305
Tontitown, AR 72770
Phone: 479-361-2700
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	