



Sheriff Meyer Gilbert

Major Jeremy Gyll

Chief Shawn Holloway

Major Robert Bersi

1300 SW 14th Street Bentonville, Arkansas 72712 Phone: 479-271-1011 (Detention)

479-271-1008 (Admin)

Freedom of Information Act Request Form

Date: _____

Office Initials: _____

This is a request under the Freedom of Information Act. I hereby request copies of records for the following person (*please provide all known information on the subject*):

I'm requesting the following type of records (*please be detailed*):

In order to help to determine my status to assess fees, you should know that I am:

- an individual seeking information for personal use and not for commercial use.*
- a representative of the news media affiliated with the _____ and this request is made as part of news gathering activity and not for commercial use.*
- affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly or scientific purpose and not for commercial use.*
- affiliated with _____ corporation and seeking information for the company's business.*

I am willing to pay fees for this request up to a maximum of \$ _____. If you estimate that the fees will exceed this limit, please inform me before processing my request. If you have any questions regarding this request, please contact me at:

Name: _____

Address: _____

Contact Number: _____

Email: _____

Signature: _____

Detention

Criminal Investigations

Patrol

Special Operations

Captain Lynn Hahn

Captain Adam Howard

Captain Andy Lee, Jr.

Captain Kenny Paul



Benton County Office of Emergency Communications
215 E. Central Ave. Ste. 11
Bentonville, Ar 72712

Freedom of Information Request

- Emergency Service Agency
- Law Office
- Freedom of Information Act Request (general public)

Date of Request: _____ Agency: _____

Name: _____ Phone or email: _____

Date of Incident: _____ Time of Incident: _____

Check all that apply:

- Radio traffic Tower: _____
- Business Phone Line Phone Line: _____
- 911 Phone Call

Call details: Be sure to list who is involved, what type of incident occurred, the location of the incident and what exactly you need on your recording. Failure to add this information may result in delays in your request being processed.

Name of Requesting Party (print) {MANDATORY}	Date	Department Head Signature	Date
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Signature of Requesting Party	Date	Number of Copies Made	Date
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Claimant's Signature	Date	Recorder's Signature	Date
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Please fill out this form in its entirety and submit it or return it to:

The Office of Emergency Communications
215 E Central Ave Ste 11, Bentonville, Ar 72712
or FAX: 479 - 271 - 1725