

FREEDOM of INFORMATION REQUEST FORM for CROSS COUNTY, AR

Under the Freedom of Information Act, A.C.A. section 25-19-101 et. seq., I am requesting the following information:

By Submitting this request, I certify that I am an Arkansas citizen.

Requestor Name _____
Mailing Address _____
Address Line 2 _____
City _____
State _____
ZIP _____
Phone _____
FAX _____
Email Address _____

Fees	There is a charge of \$0.50 per sheet for any copies made. Complete one of the boxes below:
<input type="radio"/>	If there are any fees for searching or copying these records, please inform me before filling my request.
<input type="radio"/>	Please send me the records without informing me of the cost unless the fees exceed \$50, which I agree to pay.

I prefer to be contacted by (choose one):	<input type="radio"/> Telephone <input type="radio"/> FAX <input type="radio"/> Email
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Send the completed form to:

Donnie Sanders, County Judge 705 Union Ave E Ste 4 Wynne, AR 72396	Email: dsanders@crosscountyar.org Office: (870) 238-5750 FAX: (870) 238-5714
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