

Benton County Office of Emergency Communications

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Bentonville, AR 72712

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Freedom of Information Request

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

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

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

Contact Number(s): \_\_\_\_\_

Requestor email address: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Radio Traffic \_\_\_\_\_ Tower \_\_\_\_\_

\_\_\_\_\_ Business Phone Line \_\_\_\_\_ Phone Line \_\_\_\_\_

\_\_\_\_\_ 911 Phone Call \_\_\_\_\_ Other \_\_\_\_\_

Call details: Please provide as much detail as possible to assist with finding information requested (e.g. 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 of your request being processed.**

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\_\_\_\_\_  
Name of Requesting Party[print](MANDATORY) Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Signature of Requesting Party Date

\_\_\_\_\_  
Number of Copies Made Date

\_\_\_\_\_  
Claimant's Signature Date

\_\_\_\_\_  
Recorder's Signature Date