



# CITY of SPRINGDALE

POLICE DEPARTMENT

REQUEST NUMBER: \_\_\_\_\_

## FREEDOM OF INFORMATION REQUEST

Under provisions of the Arkansas Freedom of Information Act, I am requesting certain documents and/or video recordings in the possession of the Springdale Police Department.

I understand that pursuant to federal and state requirements, certain items may require redaction. Further, I understand that the Springdale Police Department may require payment for documents and/or video recordings prior to fulfilling this request.

If you wish to proceed, please include as much information as possible in your request below:

### PLEASE NOTE:

<ul style="list-style-type: none"> <li>• This request only contains data from documents and/or videos created by the Springdale Police Department.</li> <li>• By law, juvenile information is NOT available.</li> <li>• Information pertaining to guilt or innocence is available from the Court of Adjudication:</li> </ul>	
Springdale Court: 479-750-8150	Washington County Circuit Court: 479-444-1538

### PUBLIC RECORDS REQUEST FEES:

<ul style="list-style-type: none"> <li>• <b>Document Fees</b> = \$0.12 Cents per Page</li> <li>• <b>DVD or CD Fees</b> = \$5.00 per CD or DVD</li> <li>• <b>Police Video Recordings:</b> Pursuant to Arkansas Code 25-19-112, the Springdale Police Department may require payment for time spent reviewing and redacting any videos included in this request. If the total time required exceeds 3 hours, we are allowed to charge \$20 per hour. You will be notified of the exact charges based on video run time. If you choose to proceed, payment will be required prior to the review and redaction process.</li> </ul>
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### Person making request:

Name:	Type of Request: Case/Arrest Docs, 911 Tapes, Audio, Video, Other: _____
Home Address:	Mailing Address:
Phone Number:	Email (preferred):

### Item(s) being requested:

Type of Incident:	Date & Time of Incident:
Case Numbers (if known):	Location of Incident:
Involved Persons (Name, DOB, Address, etc.):	Names of Involved Officers:

### Any other information that may help narrow your request:

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PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVING POLICE OFFICIAL: \_\_\_\_\_