

**City of Pine Bluff**

Freedom of Information Act Request

**Request for Data:**

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

Media Representative:  Yes  No Firm: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Time of Request \_\_\_\_\_  a.m.  p.m.

**Request received by:**

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

Department: \_\_\_\_\_ Title: \_\_\_\_\_

**Record requested:** \_\_\_\_\_

Note: If the request is for a personnel record, it should be transmitted immediately to the Human Resources Director. If the record sought is not personnel related, the request should be transmitted immediately to the department director.

**Request referred to:** \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Time of Referral: \_\_\_\_:\_\_\_\_  a.m.  p.m.

**\*Record release information:**

Record provided by: \_\_\_\_\_

To: \_\_\_\_\_ Via:  Phone  Mail  In Person

Date Provided: \_\_\_\_\_ Time Provided: \_\_\_\_:\_\_\_\_  a.m.  p.m.

Copies Made:  Yes  No Charges:  Yes  No Amount: \_\_\_\_\_

**Contacts with City Attorney:** \_\_\_\_\_

\*To be completed by the Director of Human Resources or the Department Director providing the record.