

Freedom of Information Request Form

CITY OF HARDY

PO BOX 5

HARDY, AR 72542

Phone: 870-856-3811 Fax: 870-856-4938

Email: treasurer@cityofhardy.org

Requested By: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Date Requested: _____

Specific Information Requested: _____

Signature: _____

For office use only:

Date Info Sent:

Signature Recorder/Treasurer

DATE