

Office of the Arkansas State Climatologist

Arkansas Natural Resources Commission

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Please complete the following form and either submit your request for climate information or data by email or print this form and fax or mail it to the above address. Use the submit or print button at the bottom of the page.

First Name:	<input type="text"/>		
Last Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Title:	<input type="text"/>		
Organization:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Work Phone:	<input type="text"/>	FAX:	<input type="text"/>
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Type in your request in the block to the right. If more space is required submit additional attachments.