



State of Arkansas
Governor Sarah Huckabee Sanders



**DIVISION OF LAW ENFORCEMENT
STANDARDS AND TRAINING**

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3424 South Downum Road
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CHRIS CHAPMOND
DIRECTOR

REQUEST FOR RECONSIDERATION

DATE: _____

REQUESTING RECONSIDERATION FOR (Choose One):

DENIAL OF STIPEND PAYMENT OBLIGATION TO REPAY STIPEND PAYMENT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

STATE, IN DETAIL, THE REASON FOR THE REQUEST. INCLUDE CITATIONS TO THE STATUTE OR RULE THAT SUPPORTS THE REQUEST:

Signature