

Fort Bragg Law Enforcement Report Request

This request is submitted under the Freedom of Information Act (FOIA).

Requester Information

Name (First, Middle, Last): _____

Organization/Company: _____

Contact Information

Note: Federal government employees and Military service members, provide contact information not associated with your government employment.

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Record Description

Provide enough detail so the report can be located. Include the report number, type of report (e.g. traffic accident, theft, other incident), incident date or other details. If requesting multiple reports, specify details in the other information section.

Report No./Type: _____

Incident Date/Location: _____

Other Information: _____

Select one:

☐ I request a report in which I am identified. I understand I must attach proof of my identity such as a driver license or other identification with this request.

I request a report on behalf of an individual identified in the report. I am the individual's guardian, legal representative, insurance agent, or other designated agent. I understand I must attach their written authorization to disclose their information and proof of identify.

☐ I request a copy of a report however, I am not identified in the report.

Required:

☒ I will accept a redacted version of the record whereby any non-releasable information such as social security numbers, home address, phone numbers, etc. are removed.

☒ I am willing to pay reasonable fees associated with this request.

Sign and Submit this Form

Submit to usarmy.bragg.imcom.mbx.police-services@army.mil. Include a copy of your proof of identity/government-issued identification (e.g. driver license) as applicable. *If you have not been contacted within 10 business days, call the Fort Bragg FOIA office for assistance with your request at (910) 907-3642 or (910) 432-7827.*

Requester Signature

Date