

**US Army Garrison - Fort Bragg
Freedom of Information Act Request**

Requester Information

Name: _____
First, Middle, Last

Organization: _____
Company Name/Law Firm

Contact Information:

Federal government employees and military service members provide non-government (personal) contact information.

Email Address: _____ Telephone: _____

Mailing Address: _____

Records Requested: Describe the specific record(s) you seek with enough detail so the record may be located with a reasonable amount of effort. Include: (1) The record title/name, subject area and unique identifying information such as a report or case number (2) The office, unit, or command that created or received the records (3) The record creation date or timeframe (4) Other information to locate the record. For police report requests include the report number and incident details such as type, date, and location.

Required for Law Enforcement (military police) Reports and investigations:

By selecting this box, I agree to the partial release of information and the redaction of exempt information. I understand my request for Fort Bragg police records will be processed in accordance with Army Regulation (AR) 190-45. If this box is not selected, my request will be forwarded to the appropriated reviewing authority for action in accordance with AR 190-45.

And

I am listed as a subject or individual within the requested record. I understand I must provide reasonable verification of identity (government-issued ID) with this request.

I am not listed as a subject or individual in the record I request. I request records about someone other than myself and understand that I will be required to provide written authorization from the listed individual before disclosing privacy-related information, as applicable.

By signing and submitting this form:

I agree to pay reasonable fees associated with this request. If fees are assessed, I will provide necessary information upon request to determine my fee status. I understand that I must complete this form accurately and include required supporting documents to avoid delays in processing this request.

Sign and Submit to: usarmy.bragg.usag.mbx.dhr-foia@army.mil or fax (910) 432-0808

Requester Signature

Date