LAW ENFORCEMENT CENTER
BLDG. 2-5634 ARMISTEAD ST
FORT BRAGG, NC 28310

Subject: Law Enforcement Report Request

Date:_____

Name:_____

Address:_____

Home Phone:_____ **Cell Phone**:_____

Receipt of Record Election:

Mail to Above Address:_____ Pick Up:_____

Record Pick up Location

FOIA Office, Soldier Support Center
Bldg. 4-2843 Normandy Drive
2d Floor, Room: 276H (Delta Wing)
Fort Bragg, NC 28310

Phone: (910) 907-3642
Fax: (910) 432-0808

Request:

Under the Freedom of Information Act, I request the following: (Provide request below)

I will accept a redacted version of the record. Information containing personally identifiable information including, but not limited to, social security numbers, home addresses, phone numbers, etc. will be removed.

Sincerely,

_____
(Print: First, MI. Last)

_____
Law Enforcement Center Stamp

_____
(Signature)

IMBG-ESP-S