
(DATE)

FREEDOM OF INFORMATION ACT OFFICE
2702 MICHIGAN AVENUE
FORT CAMPBELL KENTUCKY 42223

(email to: usarmy.campbell.imcom-atlantic.other.campfoia@mail.mil – 270-798-2469)

Dear Sir/Madam:

This is a request under the Freedom of Information Act (5 U.S.C. 552).

I request a copy of the following document(s) be provided to me. [Identify the document(s) as specifically as possible].

In order to help you determine my status for the purpose of accessing fees, you should know that I am [Insert one of the following descriptions below].

A representative of the news media affiliated with the _____ newspaper (magazine, television station, etc.), and this request is made as part of newsgathering and not for a commercial use.

Affiliated with an educational or non-commercial scientific institution, and this request is made for a scholarly or scientific purpose and not for commercial use.

Affiliated with a private business and am seeking information for use in the company's business.

An individual seeking information for personal use and not for a commercial use.

I am willing to pay fees for this request up to a maximum of \$_____. If you estimate that the fees will exceed this limit, please inform me first.

[Optional] I request a waiver of fees for this request because disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to the public understanding of the operations or activities of the Army and is not primarily in my commercial interest. [Include details about how the requested information will be disseminated by you to the general public].

I agree to accept a releasable copy of the requested record(s). I understand that some information or records may be withheld as authorized and cited in Department of Defense Regulation 5400.7, Department of Defense Freedom of Information Act Program, paragraph C3.2.1, Exemptions one through nine.

I will not accept a releasable copy of the requested record(s). I wish to have my request referred to the appropriate reviewing authority at Headquarters, Department of the Army, for a final review and release determination. I understand that my request will be processed in the order that it is received and that it could take a year or longer before I receive a final decision.

Sincerely,

Signature: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number [Optional]: _____