

(TODAY'S DATE)

Freedom of Information Act Officer  
2702 Michigan Avenue  
Fort Campbell, Kentucky 42223-5634  
Email to: [usarmy.campbell.imcom-atlantic.other.campfoia@mail.mil](mailto:usarmy.campbell.imcom-atlantic.other.campfoia@mail.mil)  
Tel: 270-798-2469

Dear Sir/Madam:

This request is submitted under the Freedom of Information Act (Section 552 of title 5, United States Code, "Freedom of Information Act").

Request I be provided a copy of a Military Police report in which I am identified by name, Social Security Number and/or other personal identifier. The following is provided:

Date/Time of Incident (approximate): \_\_\_\_\_

Place of Incident: \_\_\_\_\_

Type of Report (e.g. traffic, theft, domestic...) \_\_\_\_\_

In order to help you determine my status for the purpose of accessing fees, you should know that

I am an individual seeking information for personal use and not for a commercial use.

I am a representative of the following insurance company/law office: \_\_\_\_\_  
**{Please provide a written consent from your client} This must state that your company is authorized to receive the report.**

\*\*\*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. \*\*\* **MUST BE FILLED OUT**

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.

Name and SSN: \_\_\_\_\_

PLEASE PROVIDE LEGIBLE PERSONAL EMAIL ADDRESS: \_\_\_\_\_

Signature: \_\_\_\_\_

Postal Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number (you can be reached at): \_\_\_\_\_

#### PRIVACY ACT STATEMENT

**AUTHORITY.** 10 U.S.C., section 3013. **PURPOSE.** To provide detailed information necessary for Army officials and commanders to discharge their responsibilities for maintaining discipline, law and order through investigation of complaints and incidents and possible criminal prosecution, civil court action, or regulatory order. **DISCLOSURE.** Voluntary, but failure to provide social security number prevents the Provost Marshal's Office from conducting a thorough record search in order to comply with applicant's request for military police report. **RETRIEVABILITY.** By individual's name, date of birth, SSN, case number. **SAFEGUARDS.** Access to information is controlled; limited to authorized personnel having official need therefore.