

FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Date: _____

1. In accordance with AR 340-21 and AR 25-55 all government documents requests are required to be in the form of a FOIA request.

2. Please provide the following information (Please print):

Name of Requestor: _____

Mailing Address of Requestor: _____

Name of person involved with report: _____

MPR Number (If Known): _____

Time/Date of Incident: _____

Place of incident: _____

Type of Incident: _____

Are you willing to receive redacted documents? Yes No

Daytime phone: _____

3. Pursuant to the federal FOIA 5 U.S.C. 552, I request access to and copies of my requested documents. I agree to pay reasonable duplication fees for the processing of this request up to \$_____.

4. If this request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I reserve the right to appeal your decision to withhold any information or to deny a waiver of fees. I look forward to your reply within 20 business days, as the statute requires.

5. With my signature below, I further agree to the deletion of Privacy Act Information, FOUO, and/or other sensitive data; including names of third party information.

6. Deliver request via mail, or email to the following:

Freedom of Information Act Officer
9200 Amber Dr., Suite 115
Fort Detrick, MD 21702-5020
usarmy.detrack.usag.mbx.dhr-foia@army.mil

Comm: 301-619-3398
DSN: 343-3398

Signature