

Fort Liberty Law Enforcement Report Request

This request is submitted under the Freedom of Information Act.

Requester

Name (First, Middle, Last): _____

Organization/Company: _____

Contact Information

Note: Federal government employees and Military service members, provide contact information not associated with your government employment.

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Select One:

- I request a copy of a report in which I am identified by name or other personal identifier. I understand I must attach proof of my identity such as a driver license or other identification.
- I request a copy of a report where I am not identified within the report however, I am a guardian, Legal Representative, Insurance Agent, or other Designated Agent of an individual named in the report. I understand I must attach proof of identify and individual's authorization.
- I request a copy of a report however, I am not identified in the report.

Record Description

Provide enough detail so the Law Enforcement Report (LER)/Military Police (MP) report can be located. Information should include incident date, location, report number, or type of report (e.g. traffic accident, theft, other incident).

Type of Report/ Report No.: _____

Date/Time/Location: _____

Other Information: _____

- I will accept a redacted version of the record whereby any non-releasable information such as social security numbers, home address, phone numbers, etc. are removed.

Fees

- I am willing to pay reasonable fees associated with this request.

Sign and Submit this Form

Submit to usarmy.liberty.imcom.mbx.police-services@army.mil . Include a copy of your government-issued identification (e.g. driver license) and written authorization as applicable.

Requester Signature

Date