

# FREEDOM OF INFORMATION ACT REQUEST

For use of this form see AR 25-55; The proponent agency is DHR

## Requestor Information:

Last Name  First Name  MI:

Social Security Number (SSN)  (SSN is optional, However failure to disclose may delay the search within select records systems)

Phone Number (with Area Code)

Current Address

City  State:  ZIP Code:

Email Address

Military Police Report Number (if known and if applicable)

Date of incident OR Date Range of incident (if applicable)

Describe the specific records you seek below: (If additional space is required, use blank sheet of paper)

You should know that I am: (Please select one of the items below in order to help determine your status to assess fees).

- Seeking information on myself.
- An individual seeking information for personal use and not for commercial use.
- A representative of the news media affiliated with. This request is made as part of a news gathering effort and not for commercial use.
- Affiliated with an educational noncommercial scientific institution. This request is made for a scholarly or scientific purpose and not for commercial use.
- Affiliated with a private corporation and I am seeking information for use in the company's business.
- Other. Please explain

Fees: (You must indicate a willingness to pay fees or a specified amount. Please select one of the items below).

- I am willing to pay all fees for this request. (Agreement to pay all fees is considered to be up to \$250.00).
- I am willing to pay a fee for this request, however, If you estimate the fees will exceed \$\_\_\_\_\_, please stop your work and advise me how much it will cost to process.
- I request a waiver of all fees for this request. Justification for waiver:

## NOTICE: BEFORE YOU SIGN BELOW, READ THIS STATEMENT.

A clear, legible Xerox copy of a valid, government picture ID card must accompany this form upon submission to the FOIA Office. Copies cannot be made for you by the FOIA Office.

Purpose: To verify identity in cases where Personally Identifiable Information (PII) or sensitive information may be produced in response to the FOIA/PA request. Based on responsive documents, additional verification of identity may be required.

### PRIVACY ACT NOTICE

1. AUTHORITY: 5 U.S.C. 552 and 552a (2000); 42 U.S.C. 2201.
2. PRINCIPAL PURPOSE(S): To request information from the Federal Government pursuant to the Freedom of Information Act.
3. ROUTINE USE(S): Information in these records may be used if an appeal or court suit is filed with respect to any records denied and for the preparation of reports required by 5 U.S.C. 552 and 552a. The information may also be disclosed to an appropriate Federal, State, Local or Foreign agency in the event the information indicates a violation of the law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, Local and Foreign agency to the extent relevant and necessary. Information may also be disclosed, in the course of discovery under protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional Office to respond to their inquiry made at your request, or to Federal Government, on a need-to know basis.
4. DISCLOSURE IS VOLUNTARY: However, disclosing the requested information may result in the inability to locate or provide responsive documents.

**Signature (of Requestor):** \_\_\_\_\_

**Date Signed (YYYYMMDD)**

Address:  
Commander, U.S. Army Garrison  
Box 105099 (Attn: FOIA Office)  
Bldg. 567, 3rd Street |  
Fort Irwin CA 92310-5099

Contact Information:  
Phone: 760 380-4540  
Email: [usarmy.irwin.imcom.mbx.dhr-FOIA@mail.mil](mailto:usarmy.irwin.imcom.mbx.dhr-FOIA@mail.mil)

Due to clarity issues with faxing, faxed FOIA/PA requests cannot be accepted.