

## FREEDOM OF INFORMATION ACT (FOIA) **REQUEST FOR DOCUMENTS**

PLEASE TYPE OR PRINT LEGIBLY				
NAME:				
COMPANY:				
ADDRESS:				
CITY:	STATE:	7	ZIP:	
TELEPHONE: ( )	FAX: (	)		
DESCRIPTION OF DOCUMENTS DEGLIESTED.				
DESCRIPTION OF DOCUMENTS REQUESTED:				
THIS REQUEST IS:   FOR COPIE	S D TO V	IEW	(CHEC	( ONE)
PURSUANT TO REGULATIONS SET FO	RTH IN THE	FOIA ANI	DARMY	
REGULATION 25-55, I UNDERSTAND THAT THERE MAY BE SEARCH AND				
DUPLICATION COSTS (AND REVIEW FEES FOR COMMERCIAL REQUESTS)				
ASSOCIATED WITH THIS REQUEST. I AM WILLING TO PAY REASONABLE				
COSTS WITH REFERENCE TO THIS RE	QUEST.			
SIGNATURE:		DATE:		
REQUEST FEE WAIVER?		☐ YES		)
REASON FOR FEE WAIVER REQUEST:				

## MAIL OR FAX REQUESTS TO:

TELEPHONE: 509-527-7706

US ARMY CORPS OF ENGINEERS FAX: 509-527-7819

WALLA WALLA DISTRICT OFFICE OF COUNSEL

C/O FOIA OFFICER

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