



CHICAGO DISTRICT FOIA REQUEST FORM

**Please Print and Fill Out Form with Signature.
Return via Fax or Mail to:**

Office of Counsel
U.S. Army Corps of Engineers
Chicago District
111 N. Canal Street
Chicago, IL 60606-7206
Fax (312) 353-8710

Date of Request: _____
Requestor Name: _____
Telephone: _____
Address: _____

1. Under provisions of 5 USC 552, the Freedom of Information Act, and Department of the Army Regulation 25-55, the following information/documents are being requested:
(Use back of form or attach additional pages if more space needed. If an identifying file number or permit number is known, please include it. Any location information will be helpful)

2. The Requestor understands that fees may be charged for search, review, and/or duplication of the records requested above. (Please check one)

- The Requestor agrees to pay any statutory costs for providing these records.
- The Requestor agrees to pay up to \$_____ (fill in dollar amount) for these records. Please notify if costs exceed this amount.
- Please notify Requestor if there will be any charges before fulfilling this request.

3. Please check one:

- Requestor wishes to be called so that requested material may be picked up.
- Please mail requested material to requestor.

Signature of Requestor and title if representative of organization