

FREEDOM OF INFORMATION ACT(FOIA) REQUEST

(For use of this form, see AR 25-30. Proponency for this form is DHR.)

1. DATE:

SECTION I - REQUESTOR INFORMATION

2. NAME:

3. MAILING ADDRESS:

4. TELEPHONE: *(Include area code)*

5. E-MAIL ADDRESS:

SECTION II - DESCRIPTION OF RECORDS

6. DESCRIPTION:

Describe the specific record(s) you seek with enough detail so the appropriate agency/activity may locate the record with a reasonable amount of effort. This detail should include a description of the event on which you seek information, when the event occurred, report number, and etc. The more information provided will better assist us in locating the requested information.

The Freedom of Information Act (FOIA) is not an investigative arm, nor can it respond to a requestor's questions. The FOIA cannot create records to satisfy one's request. The FOIA only provides you the right to request federal government records from specific documents, records, and files of the federal government.

SECTION III - INDIVIDUAL STATUS

7. SELECT ONE OF THE REQUIRED ITEMS BELOW:

In order to help determine my status to assess fees, you should know that I am:

- An individual seeking information for personal use and not for commercial use.
- A representative of the news media affiliated with _____ newspaper, magazine, television station, etc.
This request is made as part of news gathering and is not for commercial use.
- Affiliated with an educational or non-commercial scientific institution. This request is made for a scholarly or scientific purpose and not for commercial use.
- Affiliated with a private cooperation and am seeking information for use in the company's business.

SECTION IV - FEE/WAIVER

8. FEES:

- I am willing to pay fees up to a maximum of \$ _____ If you estimate the fees will exceed this amount, please advise me immediately.
- I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operation or activities of the government and is not primarily in my commercial interest.

9. FEE WAIVER JUSTIFICATION:

SECTION V - CONTACT INFORMATION

Please provide an original and legible signature. Legal representatives must present an original of proof of legal representation.

10. This form can be mailed and/or emailed to:

DIRECTORATE OF HUMAN RESOURCES
ATTN: FOIA
4230 78TH STREET
FORT HOOD, TX 76544
OR
HOOD.DHR.FOIA@US.ARMY.MIL

11. NAME: *(TYPED OR HANDWRITTEN LEGIBLY)*12. DATE: *(YYYYMMDD)*