US ARMY CO	OMB NUMBER:	1615-0102				
<b>FREEDOM OF INFORMATION ACT</b> (FOIA) <b>OPTIONAL REQUEST</b> For use of this form, see AR 25-55; the proponent agency is CELRH-OC.				EXPIRES (MM/DD/YYYY):	01/31/2015	
PRIVACY ACT STATEMENT     AUTHORITY: 5 U.S.C. § 552, 5 U.S.C. § 301, 10 U.S.C. § 3013, and 32 C.F.R. part 518.     PRINCIPAL PURPOSE(s): To process FOIA requests, including appeals from denials.     ROUTINE USES: This information may be used for any one of the Department of Defense blanket routine uses as published in the Federal Register, available at <a href="http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html">http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html</a> .     MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Furnishing all of the information below is voluntary; failure to provide contact information may prevent or delay processing your request.						
The public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports ( <i>0710-0009</i> ), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and also to Office of Information and Regulatory Affairs Office of Management and Budget, Washington, DC 20503; Attention: Desk Officer for US Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESSES. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN BELOW.						
NOTE: USE OF THIS FORM IS OPTIONAL. ANY WRITTEN FORMAT FOR A FREEDOM OF INFORMATION ACT REQUEST IS ACCEPTABLE.	PLEASE RETURN COMPLETED FORM VIA MAIL, FAX OR E-MAIL TO:		ATTENTION: CELRH-OC ( <i>FOIA</i> ) 502 EIGHTH STREET HUNTINGTON, WEST VIRGINIA FAX: 304.399.5154 TELEPHONE			
1. REQUEST DATE (YYYYMMDD)	2. REQUESTOR'S NAME (Last, First MI)		3. REQUESTOR'S ORGANIZATI	3. REQUESTOR'S ORGANIZATION (if any)		
4. TITLE (if a Representative of an O	rganization,	5. TELEPHONE NUMBE	6. REQUESTOR'S E-MAIL ADDR	RESS		
7. MAILING ADDRESS (Street or Post Office Box, City, State and Zip Code)						
FOLLOWING INFORMATION / DC identifying file number, permit num quickly and effectively.)	OCUMENTS ber or spec	SARE BEING REQUESTED: ( ific geographical location is kn	ACT, AND DEPARTMENT OF THE AI Use back of form or attach additional p own, please include it. Providing more i	ages if more space is needed. information will assist us to res	. If an spond more	
9. THE REQUESTOR UNDERSTANDS THAT FEES MAY BE CHARGED FOR SEARCH, REVIEW, AND / OR DUPLICATION OF THE RECORDS REQUESTED ABOVE ( <i>Please mark X one</i> ).						
a. THE REQUESTOR AGREES TO PAY ANY STATUTORY COSTS / FEES FOR PROVIDING THESE RECORDS.						
b. THE REQUESTOR AGREES TO PAY UP TO \$ (fill in the dollar amount) FOR THESE RECORDS. PLEASE NOTIFY ME IF COSTS						
C. PLEASE NOTIFY REQUESTOR IF THERE WILL BE ANY CHARGES BEFORE FULFILLING THIS REQUEST.						
d. THE REQUESTOR IS APPLYING FOR A FEE WAIVER (5 U.S.C. 552(a)(4)(iii) and provides the justification). (Please attach your fee waiver justification or write on back of page).						
10. PLEASE MARK (X) ONE						
a. REQUESTOR WISHES TO BE CALLED SO THAT REQUESTED MATERIAL MAY BE PICKED UP.						
b. PLEASE MAIL REQUESTED MATERIAL TO THE REQUESTOR.       c. PLEASE E-MAIL THE REQUESTED DOCUMENTS TO THE REQUESTOR IF POSSIBLE.						
11a. REQUESTOR'S NAME (Last, First MI) b. DATE (YYYYMMDD) c. REQUESTOR'S SIGNATURE						
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