

## MCLB ALBANY/LOGCOM FREEDOM OF INFORMATION ACT REQUEST FORM

### PRIVACY ACT STATEMENT

Under the **AUTHORITY** 5 U.S.C. 552(a) and E.O. 9397 (SSN), this form is FOR OFFICIAL USE ONLY for the **PURPOSE** to track, process, and coordinate individual requests for access and amendment of personal records; to process appeals on denials of requests for access or amendment to personal records; to compile information for reports, and to ensure timely response to requesters. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a **ROUTINE USE** pursuant to 5 U.S.C. 552a(b)(3) to individuals who file FOIA requests for access to information on who has made FOIA requests and/or what is being requested under FOIA. **DISCLOSURE is MANDATORY.**

Office of the Staff Judge Advocate  
(Attn: FOIA Officer)  
814 Radford Blvd., Suite 20304  
Albany, Georgia 31704-0304

(Please Check) **Type of Request**

- FOIA (Individual/Attorney/Insurance Company for 1<sup>st</sup> Party)
- PA (Personal information directly from the individual)
- Routine Use (Individuals involved in base incidents, their insurance Company, and/or attorney for adjudicating a claim (personal injury, Traffic accident, or other damage to property))

Date of Request (DD MMM YY): \_\_\_\_\_ FOIA/PA/Routine # (Office Use Only): \_\_\_\_\_

I would like to submit a request under the Freedom of Information Act/Privacy Act and/or Routine Use. I am willing to pay the fees associated with processing my request. The following information is provided.

Type of information requested: (accident/theft report, contract information, etc...) \_\_\_\_\_

Requestor, Client, or Insured Individual's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Names of persons involved: \_\_\_\_\_

Date of Incident (DD MMM YY) : \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Please provide your address: (Print or type clearly):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Do you want to pick up the report or have it mailed to you?  PICK UP  MAILED

\_\_\_\_\_  
(Requestor's Name (**PRINT**))

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature of Requester)

**PLEASE NOTE:** This office has twenty (20) working days in which to provide you a response. Depending on current workloads, information requested, dates and/or accidents etc., the response time may vary.

**"FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE"**

Any misuse or unauthorized release of personal information could result in both civil and criminal penalties. **You may return this request by faxing it back at (229) 639-6711**