

Freedom of Information Act (FOIA) Request Form

Instructions: Complete this form to submit a FOIA request to a federal agency. Please print clearly. Once completed, mail or email this form to the FOIA Officer of the specific federal agency holding the records you seek.

1. Requester Contact Information

Full Name:

Organization (if applicable):

Mailing Address (Street, Apt/Suite):

City, State, Zip Code:

Telephone Number:

Email Address:

2. Description of Requested Records

Describe the specific records you are seeking. Provide as much detail as possible, such as names, dates, subject matter, location of records, or report numbers. (Attach additional sheets if necessary).

Description of Records:

Date Range of Requested Records (e.g., January 1, 2020 to December 31, 2022):

Preferred Format of Records (e.g., PDF/Email, Paper copies, CD-ROM):

3. Fee Category and Commitment

Select your requester category for fee assessment purposes. Please type "YES" next to the category that applies to you:

- Commercial Use Requester
 Educational or Non-Commercial Scientific Institution
 Representative of the News Media
 All Other Requesters

Maximum Fee Authorization (Enter the maximum dollar amount you are willing to pay without prior notification. Standard practice is to agree to at least \$25.00):

\$

4. Fee Waiver Request (Optional)

If you are seeking a fee waiver, please provide your justification below. Note: Fee waivers are granted only if disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not

primarily in the commercial interest of the requester.

Justification for Fee Waiver:

5. Request for Expedited Processing (Optional)

To qualify for expedited processing, you must demonstrate a "compelling need." Please type "YES" if you are requesting expedited processing and provide your justification below:

Request Expedited Processing? (Type YES or NO):

--

Justification for Expedited Processing:

6. Signature and Date

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge.

Requester Signature:

[Sign Here Upon Printing]

Date:

--