

FOIA REQUEST FORM

DO NOT ENTER DUTY CONTACT INFORMATION (EX. First.Last@us.af.mil, DSNs, etc)

| | |
|--|--|
| Date: | |
| Name: | |
| Address: Note: PO Box# is Acceptable | |
| City, state, zip code: | |
| E-mail (optional): | |
| Phone # (optional): | |
| Under the Freedom Of Information Act (FOIA), I request: (identify the documents or information as specifically as possible, include name, date, place, incident, and any other information that will help describe the documents. Use the back/second page if needed.) | |
| Initial one of the two below statements. Note: Agreeing to accept clearly releasable information will usually reduce the time required for a response. | |
| I agree to accept clearly releasable information with information exempt under one of the FOIA exemptions, to include third-party-PII, removed. | |
| OR | |
| I do not agree to accept clearly releasable information | |
| I am willing to pay all required fees incurred up to: | \$ |
| I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. section 1001 by a fine of not more than \$10,000.00 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.00. | |
| Printed Name and Signature: | |
| Date: | |
| Digital Signature: | |
| Submit by e-mail Or by mail to: | BealeFOIA@us.af.mil Beale FOIA RSC 6252 B Street, Bldg 2445 Beale AFB, CA 95903 Phone number 634-2616 |