

# FREEDOM of INFORMATION ACT (FOIA) REQUEST

Items marked with (\*) are required.

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

\* Address (including city, state, zip code): \_\_\_\_\_

\_\_\_\_\_

\* Phone: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Date: \_\_\_\_\_

Defense Intelligence Agency  
ATTN: FAC-2C (FOIA)  
7400 Pentagon  
Washington, DC 20301-7400

Dear FOIA Public Liaison:

This is a request under the FOIA. **\*I request that a copy of the following documents (or documents containing the following information) be provided to me.** *(Identify the documents or information as specifically as possible.*

\* In order to help to determine my status to assess fees, you should know that I am *(select - required)*:

\_\_\_ An individual seeking information for personal use.

\_\_\_ Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly purpose.

\_\_\_ Affiliated with a private corporation and seeking information for use in the company's business.

\_\_\_ A representative of the news media/press and this request is made as part of news gathering and not for commercial use.

\_\_\_ Affiliated with a public interest group and this request is not for commercial use.

\* The maximum dollar amount I am willing to pay for this request is \$ \_\_\_\_\_. Please notify me if the fees will exceed \$25.00 or the maximum dollar amount I entered.

\_\_\_ 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 operations or activities of the government and is not primarily in my commercial interest.

\_\_\_\_\_  
\*TYPED/PRINTED FULL NAME

\_\_\_\_\_  
\*SIGNATURE

\_\_\_\_\_  
DATE