Date: _____

Requestor's Name:

_____

Address:

_____
_____
_____
_____

Phone Number (including area code):

_____

Fax Number (including area code):

_____

E-mail (optional):

_____

Subject (describe records you are requesting, include inclusive dates and or timeframe, as applicable:

_____
_____
_____
_____
_____

In order to help determine status to assess fees, please select from the following:

☐ An individual seeking information for personal use.

☐ Affiliated with an educational or noncommercial 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 (commercial use)

☐ A representative of the news media and this request is made part of news gather and not for commercial use.

Enter Media Name: _____

Select type of Media:

- ☐ Newspaper
- ☐ Magazine
- ☐ Television
- ☐ Freelance
- ☐ Other _____

Purpose:

_____
_____
_____
_____
_____

Willingness to pay Fees (enter amount you are willing to pay:
_____

Explanation for consideration for a request of fee waiver:

_____
_____
_____
_____
_____

Additional Comments (optional):

_____
_____
_____
_____
_____

This form may not be used for Privacy Act Requests.