OFFICE USE ONLY:

FOIA ___-_____

FP ___-_____

RCD___/___/____

BY _____

Freedom of Information Act (FOIA) Request Form

Irwin Army Community Hospital
ATTN: IACH - IMD (FOIA Office)
600 Caisson Hill Road
Fort Riley KS 66442

Please complete this form as completely as possible in order to file a FOIA request.

Last Name:_____ **First Name:**_____ **MI:**___ **Rank:**_____

Address 1:_____

Address 2:_____

City:_____ **State:**_____ **Zip:**_____

Phone Numbers: Home: (_____**)** _____**-**_____ **Cell (**_____**)** _____**-**_____

Email Address (optional):_____

If requesting a Military Police Report, enter MPR Number, if known, or the

approximate date of the incident:_____

Describe specific record(s) you seek with enough detail so that a knowledgeable official of the activity may locate the record with a reasonable search effort. Please include approximate date(s) of incident(s), date of document creation, contract number, MPR number, etc.

The Freedom of Information Act is not an investigative arm, nor can it respond to requestor's questions. The FOIA only provides you the right to request EXISTING Federal Government records and documents. Documents must exist and will not be created to satisfy a request or answer a question posed by a requester.

Select one of the categories below into which your request falls, in order to determine fee status.

- ○ **Representative of the news media affiliated with** _____
  This request is made as a part of a news gathering effort and not for commercial use.
- ○ **Affiliated with an educational or noncommercial scientific institution. This request is made for a scholarly or scientific purpose and not for commercial use.**
- ◉ **An individual seeking information for personal use and not for commercial use.**
- ○ **Affiliated with a private corporation and am seeking information for use in the company's business.**

NEXT PAGE

FEE / WAIVER - Select one of the items below. You must indicate your willingness to pay all fees or specify the maximum amount you are willing to pay without being notified prior to processing the request. In order to request a fee waiver, you must provide a justification to support your request. Fees charged are done so to cover partial costs of research, review by legal professionals, duplication and delivery costs.

I am willing to pay fees for this request. If you estimate the fees will exceed $_____, please stop processing the request and advise me of the approximate cost to complete processing before continuing.

I request a waiver of all fees concerning this request. Disclosure of the requested information to me is in the best interest of the public as it is likely to contribute significantly to public understanding of operations and / or activities of the Federal Government and is not primarily for my commercial interest.

FEE WAIVER JUSTIFICATION - If you requested a fee waiver, explain your justification for obtaining approval. Ensure you address each element of the US Army's Fee Waiver Regulations. These regulations and requirements are in Title 32 of the Code of Federal Regulations in Section 518.19. The link for this section is as follows: http://law.justia.com/us/cfr/title32/32-3.1.1.1.11.html#32:3.1.1.1.11.6.13.1

DISCLAIMER - THIS MUST BE READ, INITIALED AS INDICATED AND SIGNED PRIOR TO SUBMISSION

1) In regards to 3d party information, I am requesting a **REDACTED COPY** of the documents listed. A redacted copy means that ALL third party information which does not apply to you or your minor children, will be removed by blackening the information out. This will include military or civilian law enforcement personnel names and personal information, subject information witness names and any other third party information which could potentially identify a person's personal information or identity. Please initial to confirm that you understand:_____

2) I understand that other information may also be redacted/withheld if it is covered under one of the nine exemptions of the Freedom of Information Act or one of the 3 exclusions provided by 5 U.S.C. 552 (i.e. classified information, sensitive but unclassified information, sensitive information, trade secrets, proprietary information, etc.). Initial:_____

3) By requesting a redacted copy of the document(s), I also understand that I have **NO** administrative appeal rights. The release will be considered final and no further action will be performed on the request once you accept the release. Please initial to confirm that you understand:_____

4) I understand that if I want an unredacted copy, the information responsive to my request will be gathered at the installation level and then sent directly to the Initial Denial Authority for that particular document (Crime Records Center, Office of the General Council, Mission Installation Contracting Command, etc.), and they will review and release directly to me. Unredacted copies will take a considerably longer amount of time to process due to the submission to higher Headquarters for processing.
YOU MUST INITAL HERE IF YOU REQUEST AN UNREDACTED COPY _____

5) Upon submission of this request or prior to pick up, I will be required to submit proof of identification. Initial:_____

SIGNATURE:_____DATE:_____

Email form to: us.army.riley.medcom-lach.list.foia@mail.mil
Form may also be submitted in person at address on form.

In accordance with Title 5, USC, Section 552a (Privacy Act of 1974) as implemented by AR 340-21, Privacy Act protected personal information will not be disclosed from this form to any commercial enterprise or representative thereof or to any individual outside the Department of Defense. This form will be safeguarded IAW para 4-4, AR 340-21.

SAVE FORM PREVIOUS PAGE