

REQUEST FOR DEPARTMENT OF THE ARMY RECORDS

Please forward this form to the Administrative Services Division or if you prefer you can also E-mail to [usarmy.belvoir.imcom.mbx.foia-inbox@mail.mil](mailto:usarmy.belvoir.imcom.mbx.foia-inbox@mail.mil)

Directorate of Human Resources  
Administrative Services Division  
5815 20<sup>th</sup> Street, Building 213, Fort Belvoir, VA 22060-5920  
Telephone: 703-805-1335/703-805-1061/703-805-1490  
Facsimile: 703-805-1326

Dear FB FOIA Officer:

This is a request under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a).

**I request that a copy of the following document(s) be provided to me. [Identify the document(s) as specific as possible]. If you have the Case Number, date and time, please provide below. Information needed is from the individual involved in the accident/incident; not your sponsor's. Please provide a copy of a government issued identification card.**

In order to help you determine my status for the purpose of assessing fees, you should know that I am seeking information for personal use and not for commercial use.

**I am willing to pay fees for this request, up to a maximum of \$\_\_\_\_\_. If you estimate that the fees will exceed this limit, please inform me first.**

The following contact information is provided:

_____		_____
Street Address		Apt Number
_____	_____	_____
City	State	Zip Code + Four

**E-mail Address:** \_\_\_\_\_  
**(Providing an E-mail address allows our office to communicate with you electronically when appropriate).**

I have included telephone number(s) where I may be contacted if necessary to discuss any aspect of my request.

**Telephone number(s):** \_\_\_\_\_ **(Day)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Mobile)**

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
**(Please print legible and sign)**

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** Executive Order (EO) 9397 dated November 22, 1943, authorizes the collection of your Social Security Number.

**PRINCIPAL PURPOSE(s):** To process your Privacy Act (PA)/ Freedom of Information Act (FOIA) request.

**ROUTINE USE(s):** None. We will use this information to process your PA/FOIA request. **It takes at a minimum twenty (20) working days to process your FOIA request in addition to any additional days to obtain the requested responsive documents pertaining to your request.**