

**USAG SCHWEINFURT**  
**FOIA REQUEST FORM**

This is a request filed under the Freedom of Information Act.

FOIA- Number#
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Activity Control Number#
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**NAME:** \_\_\_\_\_  
(first, MI, last name, insurance or attorney)

**SSN:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CIVILIAN E-MAIL ADDRESS:** \_\_\_\_\_

**TYPE OF INCIDENT:** \_\_\_\_\_

**DATE OF INCIDENT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**REASON OF REQUEST:** \_\_\_\_\_

**Agreement to pay fees:** Please be advised that by making a FOIA request, it shall be considered an agreement by you to pay all applicable fees up to \$25.00 (see 22 CFR 171.14), unless you seek a waiver of fees (see 22CFR171.17). We will confirm this agreement in our acknowledgement letter. ...except that the first 100 pages of reproduction and the first two hours of search time shall be furnished without charge (see22CFR171.15).

When making a request, you may specify a willingness to pay a greater or lesser amount.

**I am willing to pay fees for this request up to a maximum of \$\_\_\_\_\_. Please inform me if the estimated fees will exceed this limit before processing my request**

**DATE/ SIGNATURE:** \_\_\_\_\_  
(Requester)

**NO REPORT WILL BE PICKED UP UNTIL CASE IS FINALIZED, WHICH MAY TAKE UP TO 14 WORKING DAYS AFTER INCIDENT.**

**THE FOIA OFFICE WILL NOTIFY YOU WHEN THE REPORT IS READY FOR PICKUP!**

**ACKNOWLEDGE RECEIPT OF MP REPORT # \_\_\_\_\_**

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

You can send this Request with e-mail to Mr. Pogoda

\_\_\_\_\_  
**DATE**

[Peter.Pogoda.LN@mail.mil](mailto:Peter.Pogoda.LN@mail.mil)