

COMPANY NAME (IF APPLICABLE)

NAME

ADDRESS

CITY, STATE, ZIP CODE +4

COMMERCIAL TELEPHONE:

FAX NUMBER: (IF APPLICABLE)

HQ AFSVA/CDSS (FOIA RSC Manager)

2261 HUGHES AVE, STE #156

LACKLAND AFB, TX 78235-9852

Dear FOIA Officer:

Under the Freedom of Information Act (FOIA), I request a releasable copy of the following records be provided: [Identify the records or information as specifically as possible]

As a:

Commercial requester I agree to pay all processing fees for search, review and copying of records responsive to this request.

Representative of the news media affiliated with the _____ newspaper (magazine, television station, etc.) I am willing to pay for the cost of copying records responsive to our request, excluding the first 100 pages.

Educational or noncommercial scientific institution, and this request is made for a scholarly or scientific purpose and not for a commercial use. I am willing to pay for the cost of reproduction alone, excluding charges for the first 100 pages.

Individual requester I am willing to pay all assessable search and reproduction cost in excess of the first 2 hours and first 100 pages.

[OPTIONAL]

As a (Commercial Requester, News Requester, or Individual Requester) I am willing to pay required fees for this information up to a maximum of \$____. If fees exceed this amount, please obtain payment approval prior to processing this request.

[OPTIONAL]

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. [Include a specific explanation.]

I look forward to your reply within 20 workdays (excluding Saturdays, Sundays, and legal holidays), as the statute requires.

Thanks you for your assistance.

(Your Signature)