



DEPARTMENT OF THE ARMY
WILLIAM BEAUMONT ARMY MEDICAL CENTER
5005 N PIEDRAS ST
EL PASO, TEXAS 79920-5001

TO:
Department of the Army
William Beaumont Army Medical Center
Administrative Services Branch,
Freedom of Information Act Officer
5005 N. Piedras St.
El Paso, TX 79920

Freedom of Information Act/Privacy Act (FOIA) Request

[Date Requested]

Dear FOIA Officer,

This is a request under the Freedom of Information Act. I request that a copy of the following documents (or document containing the following information) be provided to me.

[Identify the documents or information as specifically as possible]

I understand that the information categorized as, see below, will be redacted from the documents I have requested.

[Please initial next to each of the exemptions]

___(b)(6) Names, home address, telephone numbers, and social security numbers, agency telephone and fax numbers ‘Records which, if released would result in a clearly unwarranted invasion of personal privacy’

___(b)(7)portions of investigatory records compiled for law enforcement purposes that could violate the personal privacy of third parties and/or would disclose investigatory techniques and practices that could result in interference with enforcement proceedings ‘Investigatory records or information compiled for law enforcement purposes’

In order to determine my status to assess fees, you should know that I am:

[Insert a suitable description of the requestor and purpose of the request.]

Sample requester descriptions:

- A representative of the news media affiliated with the _____ (newspaper, magazine, television station, ect.) and this request is made as part of a news gathering and not for commercial use.
- Affiliated with an educational or noncommercial scientific institution and this request is made for a scholarly or scientific purpose and not for commercial use.
- Individual seeking information for personal use and not for commercial use.
- Affiliated with a private corporation and am seeking for use in the company’s business.

___ I am willing to pay fees for this request up to a maximum amount of \$ _____

If you estimate that the fees will exceed this limit please inform me first.

___ 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]**

Note: The processing of this FOIA request is contingent upon positive proof of requestor's identity.

[Signature Required]

[Printed First, Middle, Last Name]

[Street Address, City, State, Zip Code]

[Phone Number]