



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.

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

___(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:

___ 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.

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]