

FREEDOM OF INFORMATION ACT/PRIVACY ACT AND ROUTINE USE REQUEST FORM

PRIVACY ACT STATEMENT

Under the **AUTHORITY** 5 U.S.C. 552(a) and E.O. 9397 (SSN), this form is FOR OFFICIAL USE ONLY for the **PURPOSE** to track, process, and coordinate individual requests for access and amendment of personal records; to process appeals on denials of requests for access or amendment to personal records; to compile information for reports, and to ensure timely response to requesters. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside DoD as a **ROUTINE USE** pursuant to 5 U.S.C. 552a(b)(3) to individuals who file FOIA requests for access to information on who has made FOIA requests and/or what is being requested under FOIA. **DISCLOSURE** is **MANDATORY**.

Commanding Officer
Marine Corps Base Camp Lejeune
Attn: S-1 (FOIA Coordinator)
PSC Box 20004
Camp Lejeune, NC 28542-0004

Date Requester completed the form (DD MMM YY): _____

FOIA PA ROUTINE _____

Date Request Received: _____

(Please Check) **Type of Request**

- FREEDOM OF INFORMATION ACT (FOIA)**
(Attorney/Environmental/Investigations)
- PRIVACY ACT (PA)**
(Personal information directly about the individual, SRB, OPM)
- ROUTINE USE**
(OFFICIAL USE, Federal, State and local agency for civil or criminal or for hiring, retention, insurance company, accident reports, security clearance and contract)

NOTICE: Military Police Incident Reports pertaining to but not limited to: assault, breaking and entering, drugs, domestic assault, burglary will be forwarded to Naval Criminal Investigative Service (NCIS) Headquarters for processing. Please ask the FOIA Coordinator for more information.

I am willing to pay the fees above \$25.00 for the processing my request in the amount of: _____

Information requested: (Describe information requested and where to locate the information)

Requester or Client's Name: _____ SSN _____

Names of all persons involved: _____

Date of incident (DD MMM YY) : _____ Location of Incident: _____

Please provide your address: (Print or type clearly)

Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Do you want to pick up the report or have it mailed to you? PICK UP MAILED E-MAILED

E-MAIL: If you provide your e-mail address you authorize a response via e-mail _____

(Requester's Name (**PRINT**)) _____

(Phone Number) _____

(Signature of requester or agent)
(Signature required for PA/ROUTINE USE Requests)

AGENCY STAMP

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct".

PLEASE NOTE: There is no processing time limits when processing PA Requests, but we will process as expeditiously as possible. This office has twenty (20) working days in which to provide a response to a FOIA Request. Depending on current workloads, information requested, dates and/or accidents etc...the response time may vary.

"FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE"

Any misuse or unauthorized release of personal information could result in both civil and criminal penalties.
You may return this request by faxing it back at (910) 451-3688 or e-mail to FOIA.MCBLejeune@usmc.mil

Reset Form