

**U.S. ARMY CORPS OF ENGINEERS, HUNTINGTON DISTRICT  
FREEDOM OF INFORMATION ACT (FOIA) OPTIONAL REQUEST**

For use of this form, see AR 25-55; the proponent agency is CELRH-OC.

OMB NUMBER: 1615-0102

EXPIRES (MM/DD/YYYY): 01/31/2015

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. § 552, 5 U.S.C. § 301, 10 U.S.C. § 3013, and 32 C.F.R. part 518.

**PRINCIPAL PURPOSE(s):** To process FOIA requests, including appeals from denials.

**ROUTINE USES:** This information may be used for any one of the Department of Defense blanket routine uses as published in the Federal Register, available at [http://dpclo.defense.gov/privacy/SORNS/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html).

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Furnishing all of the information below is voluntary; failure to provide contact information may prevent or delay processing your request.

The public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0710-0009), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and also to Office of Information and Regulatory Affairs Office of Management and Budget, Washington, DC 20503; Attention: Desk Officer for US Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESSES. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN BELOW.

<b>NOTE:</b> USE OF THIS FORM IS OPTIONAL. ANY WRITTEN FORMAT FOR A FREEDOM OF INFORMATION ACT REQUEST IS ACCEPTABLE.	PLEASE RETURN COMPLETED FORM VIA MAIL, FAX OR E-MAIL TO:	US ARMY CORPS OF ENGINEERS, HUNTINGTON DISTRICT ATTENTION: CELRH-OC (FOIA) 502 EIGHTH STREET HUNTINGTON, WEST VIRGINIA 25701-2070 FAX: 304.399.5154 TELEPHONE: 304.399.5806 E-MAIL ADDRESS: FOIA-LRH@usace.army.mil
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1. REQUEST DATE (YYYYMMDD)	2. REQUESTOR'S NAME (Last, First MI)	3. REQUESTOR'S ORGANIZATION (if any)
4. TITLE (if a Representative of an Organization)	5. TELEPHONE NUMBER	6. REQUESTOR'S E-MAIL ADDRESS

7. MAILING ADDRESS (Street or Post Office Box, City, State and Zip Code)

8. UNDER PROVISIONS OF 5 USC 552, THE FREEDOM OF INFORMATION ACT, AND DEPARTMENT OF THE ARMY REGULATION 25-55, THE FOLLOWING INFORMATION / DOCUMENTS ARE BEING REQUESTED: (Use back of form or attach additional pages if more space is needed. If an identifying file number, permit number or specific geographical location is known, please include it. Providing more information will assist us to respond more quickly and effectively.)

9. THE REQUESTOR UNDERSTANDS THAT FEES MAY BE CHARGED FOR SEARCH, REVIEW, AND / OR DUPLICATION OF THE RECORDS REQUESTED ABOVE (Please select X one).

a. THE REQUESTOR AGREES TO PAY ANY STATUTORY COSTS / FEES FOR PROVIDING THESE RECORDS.

b. THE REQUESTOR AGREES TO PAY UP TO \$ \_\_\_\_\_ (fill in the dollar amount) FOR THESE RECORDS. PLEASE NOTIFY ME IF COSTS EXCEED THIS AMOUNT.

c. PLEASE NOTIFY REQUESTOR IF THERE WILL BE ANY CHARGES BEFORE FULFILLING THIS REQUEST.

d. THE REQUESTOR IS APPLYING FOR A FEE WAIVER (5 U.S.C. 552(a)(4)(iii) and provides the justification). (Please attach your fee waiver justification or write on back of page).

10. CONTACT DELIVERY (Please select X one).

a. REQUESTOR WISHES TO BE CALLED SO THAT REQUESTED MATERIAL MAY BE PICKED UP.

b. PLEASE MAIL REQUESTED MATERIAL TO THE REQUESTOR.

c. PLEASE E-MAIL THE REQUESTED DOCUMENTS TO THE REQUESTOR IF POSSIBLE.

11a. REQUESTOR'S NAME (Last, First MI)	b. DATE (YYYYMMDD)	c. REQUESTOR'S SIGNATURE
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