

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
Attn: Staff Judge Advocate
Naval Hospital Camp Lejeune
100 Brewster Blvd
Camp Lejeune, NC 28547-2538

(Please Check) Type of Request

- FOIA (Individual/Attorney/Insurance Company for 1st party)
 PA (Personal information directly from the individual)
 Routine Use (Individuals involved in base incidents, their Insurance Company, and/or attorney for adjudicating a claim (personal injury, traffic accident, or other damage to property))

Date of Request (DD MMM YY): _____ FOIA/PA/Routine # _____

I would like to submit a request under the Freedom of Information Act/Privacy Act and/or Routine Use. I am willing to pay the fees associated with processing my request. The following information is provided.

Type of information requested: (accident/theft report, contract information, etc...)

Client or Insured Individual's Name: _____ SSN _____

Names of 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

(Requestor's Name (PRINT))

(Phone Number)

(Signature of Requester)

PLEASE NOTE: This office has twenty (20) working days in which to provide you a response. 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) 450-4012

Reset Form