

MCIEAST-MCB CAMLEJ

FREEDOM OF INFORMATION ACT/PRIVACY ACT REQUEST FORM

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice NM05720-1 FOIA Request/Appeal Files and Tracking System (April 2, 2008, 73 FR 17961) 5 U.S.C. 552, the Freedom of Information Act, as amended. **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; E.O. 9397 (SSN); and Secretary of the Navy Instruction 5720.42F, Department of the Navy Freedom of Information Act Program. **PRINCIPLE:** Individuals who request access to information under the provisions of the Freedom of Information Act (FOIA) or make an appeal under the FOIA. **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. **ROUTINE USE:** 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 the DoD as pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE: MANDATORY** for computer matching.

MAILING ADDRESS:

Commanding General
Attn: G-1 (FOIA Coordinator)
Marine Corps Installations East-Marine Corps Base Camp Lejeune
PSC Box 20005
Camp Lejeune, NC 28542-0005

You may return this request by faxing it back at (910) 451-1265 or
e-mail to FOIA.MCIEAST@usmc.mil

For more information please visit:

Date REQUESTER completed this form: _____

Date Received: _____

MCIEAST-MCB CAMLEJ20 _____

FREEDOM OF INFORMATION ACT (FOIA)

Attorney/Environmental/Investigation,

☐ Military Police Incident Reports pertaining to but not limited to: assault, breaking and entering, drugs, domestic assault, burglary and theft)

PRIVACY ACT (PA)

☐ Personal information directly about the individual, SRB, OPM, FAP

ROUTINE USE

OFFICIAL USE, Federal, State and local agency for civil or criminal or for hiring, retention, Insurance Company, accident report, security clearance and contract

I am willing to pay the fees above \$15.00 for the processing of my request in the amount of: (if required) _____

Case Information: (Print or type clearly)

Information requested:

(Describe information requested and where to locate the information)

PMO Records Indicate:

☐ CLEOC (Electronic Report) ☐ All Documents

Requester or Client's Name if other than requester: _____ SSN: (required for search) _____

Names of all persons involved: (if known) _____

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

Requester Contact Information: (Print or type clearly)

Rank: _____ Name: _____ Unit/Organization: _____

Mailing Address: (Required for processing) _____

City: _____ State: _____ Zip Code: _____

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

(Requester's Name (PRINT)) _____ (Phone Number) _____

(Signature of Requester or agent)

(Signature required for processing)

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

PLEASE NOTE: 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.