

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., section 3013. **PURPOSE:** To provide detailed information necessary for Army officials and commanders to discharge their responsibilities for maintaining discipline, law and order through investigation of complaints and incidents and possible criminal prosecution, civil court action, or regulatory order. **DISCLOSURE:** Voluntary, but failure to provide social security number prevents the Provost Marshal's Office from conducting a thorough record search in order to comply with applicant's request for military police report. **RETRIEVABILITY:** By individual's name, date of birth, full SSN, case number. **SAFEGUARDS:** Access to information is controlled; limited to authorized personnel having official need to know.

DES

ATTN: MP Reports

Bldg 215

6796 Kilgore St

Fort Moore, GA 31905

PHONE: 706-545-4412

*Date: _____

EMAIL: usarmy.moore.id-training.mbx.police-records@army.mil

This request is submitted under the Freedom of Information Act (Section 552 of title 5, United States Code, "Freedom of Information Act").

Request I be provided a copy of a Military Police report in which I am identified by Name, Social Security Number and/or other personal identifier. The following is provided:

Date/Time of Incident (approximate): _____

Place of Incident: _____

Military Police Report # or Full SSN: _____

Type of Incident: _____

In order to help you determine my status for the purpose of accessing fees, you should know that I am an individual seeking information for personal use and not for a commercial use.

I authorize release of this M.P. report to the following law firm or insurance agency:

The mailing address is: _____

***** MUST BE FILLED OUT ***** I am willing to pay fees for this request up to a maximum of \$ _____.

If you estimate that the fees will exceed this limit, please inform me first. ***

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- ☐ I agree to accept a releasable copy of the requested record(s). I understand that some information or records may be withheld as authorized and cited in Department of Defense Regulation 5400.7, Department of Defense Freedom of Information Act Program, paragraph C3.2.1. , Exemptions 1-9. I understand and agree that I do not have any appeal rights to request any other information contained in this report.
- ☐ I will not accept a releasable copy of the requested record(s). I wish to have my request referred to the appropriate reviewing authority at Headquarters, Department of the Army, for a final review and release determination. I understand that my request will be processed in the order that it is received and that it could take a year or longer before I receive a final decision.
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PRINTED Name and Signature: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number (you can be reached): _____

Encrypted Email: (Military Only) _____

Method of Receipt: _____ Mail copy to my address _____ Email _____ Call when ready to be picked up
