

**FOIA REQUEST AND ACTION RECORD***(Pursuant to 5 U.S.C. 552 and 15 CFR 4)*

2. Request No.

PART I

3. Name, address, (phone) of requester

4. Description of records requested

5. Request  
Received

Date

Time

By

6. \_\_\_\_\_ request returned or requester contacted: to clarify, or for other reason. Explain on reverse side of White Copy.

7. Request  
fulfilled  
by facility

Date

Time

By

8. ACTION ASSIGNED TO;

Date:

9. Due Date. By law,  
this request must  
be answered no  
later than:  
\_\_\_\_\_

10. Comments or Instructions:

11. Received  
In Action  
Office

Date

Time

By

## 12. Fee Provisions

- a. Without further notice, requester agrees to pay:  
\_\_\_\_\_ full amount, or \_\_\_\_\_ up to \$ \_\_\_\_\_.
- b. \_\_\_\_\_ Fees reduced or waived, and by whom; attach explanation; 4.9(b) applies.
- c. Notification of fees sent to requester on:  
\_\_\_\_\_, 19/20\_\_\_\_\_.
- d. Payment of \$ \_\_\_\_\_ received on \_\_\_\_\_.

## 13. Tolling of time Provisions (see 4.9,(d))

- a. \_\_\_\_\_ estimated fee exceeds authorization.
- b. \_\_\_\_\_ estimated fee exceeds \$250 and lacks authorization.
- c. \_\_\_\_\_ requester delinquent in past payments.

## 14. Initial Determination (Summarize per subparagraph 7.04d.3., DAO 205-14; attach another sheet if necessary; 4.6 applies.)

PART II

## 14.a. Clearance Official(s)

Name: \_\_\_\_\_

Office Title: \_\_\_\_\_

Date: \_\_\_\_\_

## 15. Collectible Cost per Fee Schedule (4.9(b))

	Estimated	Actual
Search fee	\$ _____	\$ _____
Copying fee	_____	_____
Review	_____	_____
Total Collectible	\$ _____	\$ _____

## 16. Non-collectible Costs

17. Action  
Office

Signature

Position title

Date