US Army Corps of Engineers®
Walla Walla District

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR DOCUMENTS

PLEASE TYPE OR PRINT LEGIBLY

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CITY:	**STATE:**	**ZIP:**
TELEPHONE: ( )	**FAX: ( )**	

DESCRIPTION OF DOCUMENTS REQUESTED:

THIS REQUEST IS: ☐ **FOR COPIES** ☐ **TO VIEW** *(CHECK ONE)*

PURSUANT TO REGULATIONS SET FORTH IN THE FOIA AND ARMY REGULATION 25-55, I UNDERSTAND THAT THERE MAY BE SEARCH AND DUPLICATION COSTS (AND REVIEW FEES FOR COMMERCIAL REQUESTS) ASSOCIATED WITH THIS REQUEST. I AM WILLING TO PAY REASONABLE COSTS WITH REFERENCE TO THIS REQUEST.

SIGNATURE:	**DATE:**

REQUEST FEE WAIVER?	☐ **YES**	☐ **NO**
REASON FOR FEE WAIVER REQUEST:		

MAIL OR FAX REQUESTS TO:

FAX: 509-527-7819
TELEPHONE: 509-527-7718

KERI SCHENTER - FOIA OFFICER
US ARMY CORPS OF ENGINEERS
WALLA WALLA DISTRICT OFFICE OF COUNSEL
201 NORTH THIRD STREET
WALLA WALLA, WASHINGTON 99362

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