Joint POW/MIA Accounting Command
310 Worchester Avenue, Bldg. 45
JBPHH, HI 96853-5530
Phone: (808) 448-1934
Fax: (808) 448-1978
www.jpac.pacom.mil

Date: _____

Dear FOIA Officer,

Under the Freedom of Information Act (5 U.S.C. § 552), I request a copy of following document(s) be provided to me:

Type of Document:

☐ Individual Deceased Personnel File for _____ Service Number _____

-Are you related to this service member? YES ☐ NO ☐

-If yes, what is your relationship? _____ (brother, sister, nephew, niece, etc.)

☐ Detailed Report of Investigation

- Between (mm/dd/yyyy) _____ and (mm/dd/yyyy) _____

☐ Search and Recovery Report:

- Between (mm/dd/yyyy) _____ and (mm/dd/yyyy) _____

☐ Other:

Type of Request: In order to help you determine my status for the purpose of assessing fees, you should know that I am:

☐ A representative of the news media affiliated with the [newspaper, magazine, radio, television station, etc.] and this request is made as part of news gathering and not for commercial use.

☐ Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly or scientific purpose and not for commercial use.

☐ Affiliated with a private business seeking information for use in the company's business.

☐ An individual seeking information for personal use and not for commercial use.

Agreement to pay fees: Please be advised that by making a FOIA request, it shall be considered an agreement by you to pay all applicable fees. We will confirm this agreement in our acknowledgement letter.

☐ 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.

☐ I request a waiver of fees for this request because disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the DOD and is not primarily in my commercial interest.

Describe Details for waiver: *Include details about how the requested information will be disseminated by you to the general public.*

I have also included my telephone number and/or email address at which I can be contacted if necessary to discuss any aspect of my request.
Sincerely,

First Name _____ Last Name _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Disclaimer: The confidentiality of communication sent via the internet cannot be guaranteed and the electronic submission of your Freedom of Information Act request is purely voluntary. You may also print the contents of your request letter and submit via fax at (808) 448-1998 or via U.S. mail.

Print Form