



## Freedom of Information Request

**Return to FAX #:** \_\_\_\_\_

Dear Sir or Madam:

The purpose of this FAX is to request information pursuant to the Freedom of Information Act (FOIA), 5 U.S.C. section 552. If this information is not available from your agency, please forward this request to the appropriate agency or advise us of the other agencies which might have this information.

Please provide a copy of the following items:

All Bonds, Surety, Performance, and liability insurance, etc., for each 'Organization' and for each of the 'responsible corporate officers' named on the list hereto attached.

A true and correct copy of a W-9 for each person / employee hereunder listed.

If any part of the information is withheld, please provide a list of the information withheld, and mark any deleted sections. Please list the specific exemption that would form the basis for any deletion from a document or the complete withholding of a document.

We request that you furnish the information without any charge or at a reduced charge because the information will be used for Claim filed against said persons for individual liability.

Since the information is being requested for this purpose, any fee associated with the search for the requested information should be limited to the reasonable standard charges of duplication only.

As provided for by section 552(a)(6)(A)(i) of the Freedom of Information Act, please provide your reply within twenty (20) business days of the date faxed or sooner if possible.

Thank you for your prompt attention to this matter.

**LIST ORGANIZATIONS<sup>1</sup> (33USC1362(5))**

ORGANIZATION #1 NAME: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_

CORPORATION #1 ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

ORGANIZATION #2 NAME: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_

ORGANIZATION #2 ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

ORGANIZATION #3 NAME: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_

ORGANIZATION #3 ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

ORGANIZATION #4 NAME: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_

ORGANIZATION #4 ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

ORGANIZATION #5 NAME: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_

ORGANIZATION #5 ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> term includes a corporation, company, association, firm, partnership, joint stock company, foundation, institution, trust, society, union, or any other association of persons

**LIST RESPONSIBLE CORPORATE OFFICERS (33USC1319(c)(6))**

• NAME: \_\_\_\_\_ SS #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

CORPORATION OF EMPLOYMENT: \_\_\_\_\_

CORPORATE OFFICE POSITION HELD: \_\_\_\_\_

• NAME: \_\_\_\_\_ SS #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

CORPORATION OF EMPLOYMENT: \_\_\_\_\_

CORPORATE OFFICE POSITION HELD: \_\_\_\_\_

• NAME: \_\_\_\_\_ SS #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ZONE: \_\_\_\_\_

CORPORATION OF EMPLOYMENT: \_\_\_\_\_

CORPORATE OFFICE POSITION HELD: \_\_\_\_\_

Add as many sheets as necessary to list all responsible corporate officers