

Freedom Of Information Act (FOIA) Request Form

FIRST NAME:

LAST NAME:

COMPANY NAME (if applicable)

MAILING ADDRESS:

TELEPHONE NUMBER:

EMAIL ADDRESS:

Please describe, in detail, the agency documents/records being sought.

NOTE: If your request includes documents that contain information that might be protected by the privacy act you must sign your request. Using a script font is not considered a signature. You will receive an acknowledgement letter within ten business days of receiving your request. If fees are applicable you will receive notification. Requests are typically processed within twenty (20) business days of being received in the FOIA Office. You will be provided with notification if the processing will be delayed.

REQUESTOR'S
SIGNATURE:

DATE SIGNED:

Submit your request by:

MAIL:

G. V. (Sonny) Montgomery VA Medical Center
Attn: Marzett McCall - FOIA Office (001PO)
1500 E Woodrow Wilson Avenue
Jackson, MS 39216

FAX:

601-364-1339

EMAIL:

VHAJACFOIAOffice@va.gov