

**SAMPLE LETTER**

REQUESTORS NAME  
COMPANY NAME  
COMPLETE ADDRESS  
TELEPHONE NUMBER  
FAX NUMER (IF YOU HAVE ONE)

DATE

MICC Center - Fort Knox  
BLDG 1109B STE 250  
199 6TH AVE  
FORT KNOX KY 40121-5720

Dear Sir or Madam:

I wish to request under the Freedom of Information Act, (describe records, contract by number or type and what is that you are requesting). I agree to pay all processing costs associated with processing my request (you may specify limit of charges you are willing to pay). If applicable, state whether or not you are willing to accept a sanitized version of the record whereby, the contract is redacted; unit prices, quantity, addresses / phone numbers, etc. are removed.

Sincerely

(Your Signature)

**SAMPLE**