

# FREEDOM OF INFORMATION (FOIA) RECORDS SEARCH REQUEST

FOIA Case Number: \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_

To: \_\_\_\_\_

Due Date: (Information required in the FOIA office): \_\_\_\_\_

The FOIA Office received a request from: \_\_\_\_\_

The requestor seeks: \_\_\_\_\_  
(See attached FOIA request for further description)

If you have any questions, please call FOIA Specialist at: (202) \_\_\_\_\_

Specialist Name: \_\_\_\_\_

### Instructions from the FOIA Office:

1. Search your files for responsive records as of the date of the search request. If records are located, forward ALL responsive records to the FOIA Office.
2. Record the time spent searching/reviewing and coordinating on the request and the number of pages copied on the attached billing sheet.
3. Returned this completed form, signed by the Division Director, along with the responsive records to the FOIA Office. Insert password protect and encrypted language.

REMINDER: PASSWORD PROTECT OR ENCRYPT prior to transmitting records containing personally identifiable information (e.g. personnel related files, misconduct investigations, records with SSN, B/D, medical, home address and other personal information.)

### Comments From FSIS Program Office: (Check all that apply)

We have located responsive records and have forwarded all responsive records to the FOIA Office.

We have located responsive records and have flagged certain records we recommend withholding for one or more of the following reasons:

The records are part of an ongoing law enforcement investigation.

The records contain opinions of staff that are pre-decisional/deliberative information.

The records contain trade secrets/confidential business information.

Other (Specify): \_\_\_\_\_

NO RECORDS - Our search failed to locate any responsive record(s).

Request is too broad: Suggest narrowing by: \_\_\_\_\_

We believe other FSIS divisions or another agency may have records responsive to this request. We recommend that you contact: \_\_\_\_\_

The following statement must be signed by the appropriate Division Director or Section Chief.

I certify that all appropriate files have been searched and all responsive records found, reviewed, copied and provided to the FOIA Office.

Name/Title/Division: \_\_\_\_\_

Work Phone: (1234567890)

Date: (mm/dd/yyyy)

# FREEDOM OF INFORMATION (FOIA) RECORDS SEARCH REQUEST

## BILLING SHEET INCIDENT TO FOIA SEARCH REQUEST

Please conduct a search for the requested information and/or records and provide to this office by the date specified. Also, please complete the billing section, Section B and insert your division below.

### A. SEARCH REQUEST

FOIA Case No: \_\_\_\_\_ Requestor: \_\_\_\_\_ Request Date: \_\_\_\_\_ Due Date: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

See Attached Request

### B. BILLING DATA

GS Level and Time		Special Parameters	
Grade level of GS searcher/Hourly rate of Contractor	Number of Hours	Systems searched (Outlook, PHIS, or other):	Search Terms used:
1.			
2.			
3.			
4.			
Computer Search/Machine time		Files Searched:	Search Terms used:
<b>Review</b>			
Grade level of GS searcher/Hourly rate of Contractor	Number of Hours		
1.			
2.			
<b>Dates of Search:</b> (mm/dd/yyyy)		E-mail located: (check correct box) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Duplication</b>			
Type	Number or pages of disc found	Number of pages pending search	Comments
Paper			
Disc/CD			

Indicate Division: \_\_\_\_\_

General Comments: \_\_\_\_\_

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# FREEDOM OF INFORMATION (FOIA) RECORDS SEARCH REQUEST

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## FOIA WORKSHEET: OPEN INVESTIGATION

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FOIA Number:

Requestor:

Request Description:

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## PROGRAM AREA INFORMATION

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FSIS Program Area:

FOIA Exemption (a) 7 (b) Harm Statement:

In this section explain why release of the responsive documents would cause harm to an ongoing/pending investigation.

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## DOCUMENT INFORMATION

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**Provide the Approximate Volume and Categories of Responsive Records Example:**

Five boxes of responsive records were located:

- NRs
- Internal E-mails
- NOIEs

Internal Memoranda:

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## CERTIFICATION STATEMENT

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**The following statement must be signed by the appropriate Division Director, Regional Director or his/her designee:**

I certify that, to the best of my knowledge, a reasonable search has been conducted and that responsive records will be maintained in accordance with [FSIS Directive 2620.1](#), FSIS Records Management Program and [FSIS Directive 8010.3](#), Procedures For Evidence Collection, Safeguarding And Disposal records retention policy.

Name/Title/Division:

Date: (mm/dd/yyyy)

Work Phone: (1234567890)

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