

AC/IES
Melinda

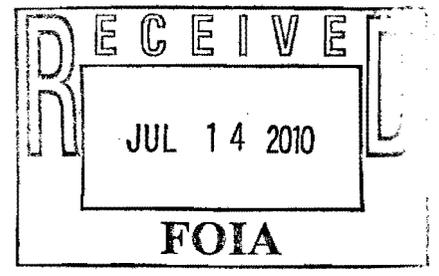
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FOIA Request Order Form

Date: 07/14/2010
First Name:* Tom
Last Name:* Field
Organization: University Of Kansas Medical Center
Address:* 3901 Rainbow Blvd.

City:* Kansas City
State:* KS Zip:* 66160
Phone*: 913-588-1206 (Enter as 123-123-1234)
E-Mail: tfield@kumc.edu
Category:*

- Animal Health
- Animal Welfare
- Financial
- Import/Exports
- Personnel
- Plant Protection and Quarantine
- Veterinary Services
- Wildlife Management
- Miscellaneous



AUG 11 2010

Time Period (for requested records)
01/01/2010 07/01/2010

Description of Information you are Requesting:

On behalf of the University of Kansas Medical Center (KUMC), I am requesting any and all complaints against KUMC that have been filed with USDA and any investigation reports that have been created as a result of any and all investigations into complaints during the 1/1/2010 to 7/1/2010 time period. Thank you.

You **MUST** agree to pay applicable fees in order to process your FOIA request. Fees are charged in the amount of \$25.00 or more. A letter will be sent to you stating the exact amount of your fee.

Yes I agree to pay all applicable fees for this request.

* Mandatory Field

Submit Request