

111-098

Incl.

PPQ
IES
Jamaica

FOIA Request Order Form

Date: 11/24/2010
First Name:*
Last Name:*
Organization: Mid Florida Citrus Foundation
Address:* Po Box 8

City:* Oakland
State:* FL Zip:* 34760-0008

Phone*:

E-Mail:

Category*:

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

Time Period (for requested records)

Description of Information you are Requesting:

Case No. FL10221-PQ regarding Citrus Black Spot disease.

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

DEC 23 2010

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