

Individual
AC
Tamara

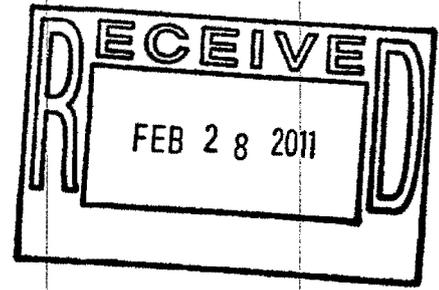
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FOIA Request Order Form

Date: 02/28/2011
First Name:* Candace
Last Name:* Tremps
Organization: None
Address:*

City:*
State:*
Phone*: (Enter as 123-123-1234)
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)
03/01/2010 10/31/2010

MAR 28 2011

Description of Information you are Requesting:

Requesting list of all individuals, partnerships, limited liability partnerships, corporations, limited liability corporations, and any other entities who and which received tickets for violations of the HPA during the above referenced time period. Thank you very much.

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