

77- .464

*Lyndia
FOI
Individual*

FOIA Request Order Form

Date: 05/02/2011
First Name:* Jared
Last Name:* Maccleary
Organization: Crowell & Moring
Address:* 1001 Pennsylvania Ave.

City:* Washington
State:* DC **Zip:*** 20004
Phone*: 202-508-8954 (Enter as 123-123-1234)
E-Mail: jmaccleary@crowell.com
Category:*
 Animal Health
 Animal Welfare
 Financial
 Import/Exports
 Personnel
 Plant Protection and Quarantine
 Veterinary Services
 Wildlife Management
 Miscellaneous

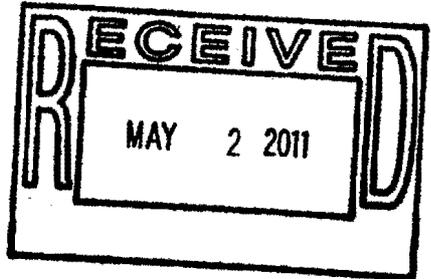
Time Period (for requested records)
03/01/2011 04/30/2011

Description of Information you are Requesting:
APHIS BRS FOIA log for March and April 2011.

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



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