



United States Department of the Interior
Bureau of Safety and Environmental Enforcement

FOIA Bill for Collection

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* Required Field

* Date of Bill:

* EFTS - Control Number:

* FBMS - Customer Number:

* Customer/Company Name:

* Customer/Company Contact Name:
(First Name) (Last Name)

* Phone Number:

* Email Address:

* Agency Contact:
(First Name) (Last Name)

* Payment Amount:

The payment amount equals the amount due