

**U.S. SECURITIES AND EXCHANGE COMMISSION
OFFICE OF FINANCIAL MANAGEMENT
FOIA COLLECTIONS**

FOIA/Certification Requestor

MM/DD/YYYY

* Date of Request:

* Company Name:

* Last Name: * First Name:

* Address:

* City: State: Zip Code:

* Country:

* Phone (Include Area Code):

* Email Address:

Instructions: Enter up to ten invoice numbers and amounts below.

NOTE: The total line at the bottom of this form will calculate a running total. Please make sure this is the amount you plan on paying with your ACH or credit card payment.

* Invoice Number	* Description	* Amount

* Total Payment Amount \$

Note: The total line at the bottom of this form will calculate a running total. Please make sure this is the amount you plan on paying with your ACH or credit card payment.
