

II. Representation by Legal Counsel (All fields *required* if represented by counsel)

Are you represented by any lawyer in connection with this request?

Yes No

If "yes," please provide your lawyer's name, law firm, and contact information (Please note that all communications about your request for information will be made to your lawyer):

Lawyer's First Name	Lawyer's Last Name
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Law Firm's Name

Lawyer's Street Address

City	State	Zip Code
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Telephone Number	-	Fax Number	-
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III. Persons Who are Minors, Lacking Capacity or Incompetent, or Deceased

Complete this section only if you are an AUTHORIZED REPRESENTATIVE of a person who is (1) a minor, (2) lacking capacity or incompetent, or (3) deceased, and are seeking information on behalf of the such person. (All fields *required* if represented by AUTHORIZED REPRESENTATIVE)

A. Check all that apply for the person for whom you are an AUTHORIZED REPRESENTATIVE.

- Minor
- Person Lacking Capacity or Incompetent Person
- Deceased Person

If the person for whom you are an AUTHORIZED REPRESENTATIVE is a deceased person, please state the date of the death: ____ / ____ / ____

B. Provide the following information about yourself (the AUTHORIZED REPRESENTATIVE filling out this form):

First Name	M.I.	Last Name
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Any Other Names Used in the Last 10 Years

Section Continues on Next Page

