

FREEDOM OF INFORMATION ACT REQUEST FOR RECORDS

Requestor Identification Information

Name: _____ Title: _____
Address: _____ Organization: _____
Telephone: _____ Alternate Telephone: _____
Facsimile: _____

Document Requested

1. Public Summary of the following Accident/Incident Investigation Report contained in the ACTS portion of ASPEN:
 - a. Facility Name: _____
 - b. Report Number (i.e. #OR00001234) _____

Expedited Request

I request **expedited processing** of this request. This Accident/Incident Investigation Report is the subject of an administrative action by the State of Oregon. I am an interested party to this action and have a limited time in which to respond. I cannot adequately respond without the information contained in this report.

Fees

For fee calculation, I fall under the category of "**all others.**" I understand that the first two hours of search and the first 100 pages of duplication are free. The most I am willing to pay is \$_____.

Date: _____ Signature: _____

Fax document to 410-786-0474 or mail to:

Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Freedom of Information Group
Room N2-20-16
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Note: If mailed, write "Expedited FOIA Request" on the outside of the envelope.

For more information concerning CMS and FOIA, please go to www.cms.hhs.gov/foia