Monday 9/16/2013 @ 12:01
[Submitted by Anonymous User]
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# Freedom of Information Act (FOIA) Request Form

To make an Electronic FOIA (E-FOIA) request, please provide the information below. Failure to enter accurate and complete information may render your FOIA request impossible to fulfill. **Requests submitted under the Privacy Act must be signed and, therefore, cannot be submitted on this form.**

RECEIVED BY BPA FOIA OFFICE THIS DATE: 9/16/13
DUE DATE: 10/15/13
LOG #: BPA-2013-01680-F

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|---|---|
| *Name* | Chuck Johnson |
| *Email* | chuck@oregonpsr.org (please contact Rose@mresearch.com) |
| *Organization* | Physicians for Social Responsibility |
| *Mailing Address* | 812 SW Washington Street, Suite 1050 |
| *City* | Portland |
| *State* | OR |
| *Zip* | 97205 |
| *Phone* | 503-777-4616 Ex. xxx-xxx-xxxx |
| *FAX* | Ex. xxx-xxx-xxxx |

## Reasonably Describe Records

Describe the specific record(s) you seek with sufficient detail that a knowledgeable official of the activity may locate the record with a reasonable amount of effort. Such detail should include: dates, titles, file designations, and offices to be searched.

Since most DOE records are not retained permanently, the more information you provide, the better the opportunity there is to determine if the records involved still exist and where. The FOIA clearly states that records must exist at the time the request is submitted.

Enter description:

Hourly generation for WNP-2 from 2000 to the present

Specify preferred form or format:

Electronic

## Type of Requester

Select a description of yourself and the purpose of the request to help determine your category for assessing fees:

- ○ An individual seeking information for personal use and not for commercial use.
- ◉ Affiliated with an educational or noncommercial scientific institution, and this request is made for scholarly or scientific purposes and not for commercial use.
- ○ Affiliated with a private corporation and seeking information for the use in the company's business.
- ○ A representative of the news media affiliated with

and the request is made as part of news gathering and not for commercial use.

Select Type of media:

- ○ Newspaper
- ○ Magazine
- ○ Television Station
- ○ Other:

## Fees and Fee Waivers

Your request must include a statement that (1) you agree to pay any fees that may be incurred to process the request, (2) stipulates an amount you are willing to pay, or (3) requests specific waiver or reduction of fees.

Please select the statement that applies:

- ○ I agree to pay all applicable fees.
- ◉ I agree to pay up to a specified amount for fees.

Enter amount $0.00

- ○ I request a waiver or reduction of fees.

If you request a waiver or reduction of fees, we will consider the following six factors to make a determination. Please provide information that addresses these factors:

The subject of the request: Whether the subject of the requested records concerns, "the operations or activities of the government."

The informative value of the information to be disclosed: Whether the disclosure is, "likely to contribute," to an understanding of government operations or activities.

The contribution to an understanding by the general public of the subject likely to result from disclosure, taking into account your ability and intent to disseminate the information to the public in a form that can further understanding of the subject matter.

The significance of the contribution to public understanding: Whether the disclosure is likely to contribute "significantly" to public understanding of government operations or activities.

The existence and magnitude of a commercial interest: Whether the requester has a commercial interest that would be furthered by the requested disclosure, and, if so.

The primary interest in disclosure: Whether the magnitude of the identified commercial interest of the requester is significantly large, in comparison with the public interest in disclosure, that disclosure is, "primarily in the commercial interest of the requester."

If my request for a waiver or reduction in fees is denied, I agree to pay up to (enter amount) _____ to process my request.

## Expedited Processing

I request expedited processing of the request and provide a justification below. I believe a compelling need exists to warrant expedited processing because there is:

☐ an imminent threat to the life or physical safety of an individual.

☑ an urgency to inform the public concerning actual or alleged Federal Government activity (this option available ONLY for requesters primarily engaged in disseminating information).

Please provide your specific justification for expedited processing:

Timely discussion of current issues involving WNP-2

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*Enter the sum of the digits on the left into the box below.*

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