



U.S. Department of Justice
Drug Enforcement Administration

DEC 14 1987

Washington, D.C. 20537

Request Number DR-87-1934 Subject of Request F Lopez, R. R.

Dear Requesters:

Your recent correspondence seeking information from the Drug Enforcement Administration has been received. The paragraphs checked below apply:

To insure an accurate search of DEA records, an individual's complete name and date and place of birth must be furnished. A form is enclosed to assist you in complying with this requirement.

Before DEA can begin processing your request, it will be necessary for you to submit your notarized signature or other proof of identity. This procedure is designed to insure that information pertaining to an individual is released only to that person. A form is enclosed to assist you in complying with this requirement.

Before DEA can begin processing your request, it will be necessary for you to provide a signed, notarized statement authorizing the release of information pertaining to the subject of your request. A form is enclosed to assist you in complying with this requirement.

Before DEA can begin processing your request, it will be necessary for you to submit a notarized copy of the subject's death certificate or a newspaper account of the subject's death. This procedure is designed to insure that the subject is in fact deceased and that information regarding him is properly identified.

Your recent correspondence does not reasonably describe any records within the meaning and intent of the Freedom of Information Act (5 USC 522). A better description is needed to enable agency personnel to locate the records with a reasonable amount of effort. The Act does not require an agency to either create new records, answer questions posed by requesters, or attempt to interpret a request that does not identify specific records. Please reformulate your request in accordance with 28 CFR 16.3 (b). The assistance of DEA Freedom of Information personnel is available to help you do this.

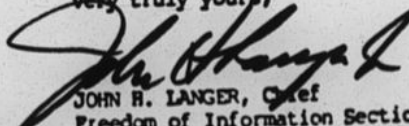
Before DEA can begin processing your request, it will be necessary for the individual in whose name the telephone is officially listed to provide a signed, notarized statement authorizing the release of information to you. A form is enclosed to assist you in complying with this requirement. Also, please include a photo copy of the notification letter sent by the telephone company if you have not already provided it to DEA.

Please cite the above Request Number in your correspondence and mail your response to this letter to the following address:

Drug Enforcement Administration
Freedom of Information Section
1405 I St. N.W.
Washington, D.C. 20537

If the deficiencies noted in this letter are not corrected within thirty days, your request to the Drug Enforcement Administration will be administratively closed.

Very truly yours,


JOHN H. LANGER, Chief
Freedom of Information Section

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DRUG ENFORCEMENT ADMINISTRATION

Privacy Act
Identity Verification

Pursuant to 28 CFR 16.41, the information on this form is required for all individuals submitting requests by mail under the Privacy Act (5 USC 552a). This information will be used to verify the requester's identity and to identify records available to him or her. Return this form to the following address:

Drug Enforcement Administration
Freedom of Information Section
1405 I Street, NW
Washington, D. C. 20537

Subject: Reynaldo Rodriguez Lopez
FULL NAME OF REQUESTER

- CURRENT ADDRESS _____
- DATE OF BIRTH _____ PLACE OF BIRTH _____
- OTHER IDENTIFICATION NUMBERS _____

N/A
Signature

~~Please attach a photocopy of an identifying document (such as a passport, identification badge, or drivers license) OR complete the form below:~~

~~I certify that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 USC 1001 by a fine or imprisonment or both.~~

Subscribed and sworn to before
me this _____ day of _____, 19__.

Notary Public
Commission Expires _____

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DRUG ENFORCEMENT ADMINISTRATION
Third-Party Release Statement

I hereby authorize the Drug Enforcement Administration to release all requested information concerning myself to:

GUSTAVO GORRITI

✓

Signature of Subject

REYNALDO RODRIGUEZ LOPEZ

✓

Subscribed and sworn to before me this
_____ day of _____, 19 ____.

Notary Public

Commission Expires _____