

WILLIAM ROGOPOULOS 1415219

PO BOX 670

DILLWYN VA 23936

JUNE 2, 2021

DEPT. OF THE TREASURY PRIVACY ACT OFFICER

INTERNAL REVENUE SERVICE FOIA UNIT

AUSTIN, TX 73301-0003

RE: PRIVACY ACT 5 USC 552(a) REQUEST FOR ACCESS/STATUS REQUEST

DEAR STAFF

I REQUEST A COPY OF ANY RECORDS ABOUT ME MAINTAINED AT YOUR AGENCY REGARDING THE FILING OF 1040 W/REBATE CREDIT WORKSHEET FILED ON 1-27-21 FOR AN UPDATE TO MY CURRENT STATUS \$1,800 WAS SENT ON 4-23-21 \$1,400 WAS SENT ON 4-30-21 A MEMO FOLLOWS THIS UPDATE STATING A DIRECTIVE TO CONTACT THE IRS BY 5-21-21 IF YOU DON'T RECEIVE THE CHECKS. IM NOT AT LIBERTY TO SATISFY THIS REQUISITE AS A NECESSITY TO THE ABOVE ADDRESS. PLEASE CONSIDER THIS REQUEST IS ALSO MADE UNDER FREEDOM OF INFORMATION FOR ANY OTHER DOCUMENTS AVAILABLE BY THE ACT. I FILED FOR A PAYMENT TRACE VIA US MAIL FOR THE FORM 3911 FROM IRS 4800 BUFORD HWY CHAMBLEE GA 30341 ON 3-30-21 TO DATE NO RESPONSE FROM THIS DEPT. BECAUSE I NEVER RECEIVED ANY CHECKS ON THE ABOVE DATE SUGGESTED BY THE AGENCY ITSELF, I MAKE THIS INQUIRY AS A MATTER OF RIGHT TO MY OWN STATUS FOR INFORMATION. ENCLOSED NOTARIZED DECLARATION TO VERIFY MY IDENTITY. 20 WORKING DAYS IS REQUIRED BY LAW FOR A RESPONSE.

CC: WILLIAM ROGOPOULOS

CC: OFFICE INSPECTOR GENERAL

RESPECTFULLY SUBMITTED,

WILLIAM ROGOPOULOS

CARBON COPY  
1-3

DECLARATION IN CHIEF OF WILLIAM ROGOPOULOS 2021 AD

I WILLIAM ROGOPOULOS 1415219, BEING FIRST DULY SWORN DEPOSES AS FOLLOWS:

THE INFORMATION GIVEN TO THE DEPT OF THE TREASURY IN THE DECLARATION PRESENTED IS TRUE AND CORRECT. WILLIAM ROGOPOULOS 1415219 <sup>DOC</sup> 10-9-58 <sup>DOB</sup> 034-50-5344 <sup>SSN</sup> 1040 FORM W/ REBATE CREDIT WORKSHEET FOR \$1800 FILED ON 1-27-21 ON 4-3-21 CONFIRMATION WAS GIVEN VIA IRS WEBSITE THE 1800 WILL BE SENT ON 4-23-21 AND DAYS LATER ALSO CONFIRMED THE 1400 WILL BE SENT ON 4-30-21 A MEMO FOLLOWED THIS INFORMATION IN THE FORM OF A REQUISITE TO CONTACT THE IRS IN THE EVENT THE CHECKS DONT ARRIVE BY 5-21-21 NOTHING FOLLOWS. MY STATUS TO DATE I HAVE NOT RECEIVED MY EIP 1 OR EIP 2 CHECKS TO THE ADDRESS ON FILE BOX 670 DILLWYN, VA 23936.

FURTHER DECLARANT SAITH NOT:

THIS DAY OF JUNE 2 2021 AD

*William Rogopoulos*  
DECLARANT

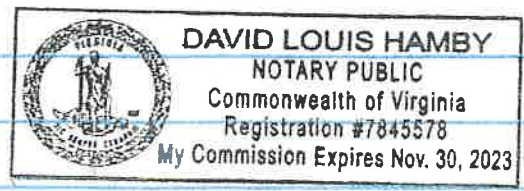
ACKNOWLEDGEMENT

SUBSCRIBED TO AND SWORN BEFORE ME THIS 2 DAY OF June 2021 AD NOTARY THAT WILLIAM ROGOPOULOS PERSONALLY APPEARED AND KNOWN TO BE THE PERSON WHOSE NAME SUBSCRIBED TO THE ABOVE DECLARATION AND ACKNOWLEDGED TO BE THE SAME.

*David Hamby*  
NOTARY

MY COMMISSION EXPIRES: NOV 30 2023

SEAL:



City/County of Buckingham  
Commonwealth of Virginia  
The foregoing instrument was acknowledged before me this 2 day of June, 2021  
by William Rogopoulos  
Notary Public's Signature David Hamby  
Reg. 7845578 Commission Expires Nov 30 2023



CARBON  
COPY 1-3

WILLIAM ROGOPOULOS 1415219  
SS# 034-50-5344 DOB 10-9-58  
ADDRESS ON FILE:  
BOX 670 DILLWYN, VA 23936

JUNE 6, 2021

DEPT. OF THE TREASURY (FOIA UNIT)  
INTERNAL REVENUE SERVICE  
KANSAS CITY, MO 64999-0003

RE: REQUEST FOR ACCESS 5 USC 552(G) / PAYMENT STATUS REQUEST.

DEAR STAFF/PRIVACY ACT OFFICER

THIS CONCERNS THE PROCUREMENT OF RECORDS ABOUT ME MAINTAINED AT YOUR AGENCY, REGARDING THE FILING OF THE 1040 2020 W/REBATE CREDIT WORKSHEET ON 1-27-21 FROM THE ABOVE ADDRESS FOR THE \$1,800 FOLLOWED BY THE \$1,400. I NEVER RECEIVED A TREASURY CHECK TO DATE, DESPITE CONFIRMATION VIA "IRS.COM, WHEREAS MY REFUND" STATED \$1,800 WAS SENT 4-23-21 \$1,400 WAS SENT 4-30-21 WITH A MEMO AS A REQUEST TO CONTACT THE AGENCY BY 5-21-21 IF YOU DO NOT RECEIVE A CHECK. I MAKE THIS INQUIRY AS A MATTER OF RIGHT, BECAUSE I'M NOT AT LIBERTY TO CALL 1 800 919-9835 FROM DILLWYN CORRECTIONAL CENTER TO SATISFY THIS DIRECTIVE, AND TO DATE NO CHECKS HAVE BEEN SENT TO THE ABOVE ADDRESS ON FILE.

EXHIBIT 2

CAROLAN  
Case 1-3

I AM REQUESTING THE FOLLOWING:

CONFIRMATION OF THESE DATES, 4-23-21 AND 4-30-21 CHECKS SENT

CONFIRMATION OF ADDRESS THEY WERE SENT TO, BOX 670 DILLWYN, VA 22936

CONFIRMATION OF THE MENUD TO CONTACT BY 5-21-21 THEIRS FOR STATUS PAST THE ABOVE DATE TO RECEIVE A CHECK FOR FURTHER INSTRUCTIONS FOR RETRIEVAL.

THE MAINS OPERANDI OF THIS FACILITY, AND ITS STAFF HAVE MADE IT CLEAR THEY ARE IN OPPOSITION, AND WILL DO NOTHING TO HELP IN RESOLVING ANY PROBLEMS WITH YOUR OFFICE TO OUR BENEFIT.

ENCLOSED IS A NOTARY CERT. VIA DECLARATION IN CHIEF TO VERIFY MY IDENTITY. 20 WORKING DAYS IS REQUIRED BY LAW FOR A RESPONSE.

RESPECTFULLY SUBMITTED,  
WILLIAM ROGOPALAS  
US VETERAN

CC: William Rogopalas

CC: OFFICE OF THE INSPECTOR GENERAL

CARBON COPY 1-3

DECLARATION IN CHIEF OF WILLIAM ROGOPOULOS 2021 AD  
PURSUANT TO TITLE 28 USE 1746 ANNOTATED

I WILLIAM ROGOPOULOS 1415219, BEING DULY SWORN DEPOSES AS FOLLOWS:  
THE INFORMATION GIVEN TO THE DEPT. OF THE TREASURY IN THE DECLARATION PRESENTED IS TRUE AND CORRECT. WILLIAM ROGOPOULOS 1415219 <sup>DOB 10-9-58</sup> <sup>DOB 034-58-5344</sup> <sup>DOB</sup> FILED A 1040 2020 FORM W/REBATE CREDIT WORKSHEET TO THE ABOVE AGENCY ON 1-27-21 FOR THE \$1,800 FROM BOX 620 DILLWYN, VA 23936 TO RECEIVE \$1,400 SAME ADDRESS. TO DATE THE DECLARANT HAS NOT RECEIVED A TREASURY CHECK.

FURTHER DECLARANT SAITH NOT:  
THIS 7 DAY OF JUNE 2021 AD

*William Rogopoulos*  
DECLARANT

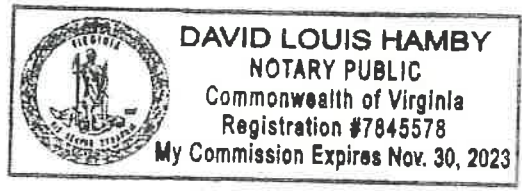
ACKNOWLEDGEMENT

SUBSCRIBED TO AND SWORN BEFORE ME THIS 7<sup>TH</sup> DAY OF JUNE 2021 AD NOTARY THAT WILLIAM ROGOPOULOS, PERSONALLY APPEARED AND KNOWN TO BE THE PERSON WHOSE NAME SUBSCRIBED TO THE ABOVE DECLARATION AND ACKNOWLEDGED TO BE THE SAME.

*David Hamby*  
NOTARY

MY COMMISSION EXPIRES: Nov 30 2022

SEAL:



CARBON  
COPY 1-3

William Rogopoulos 1415219  
SS# 034-50-5344 DOB 10-9-58  
ADDRESS ON FILE:  
BOX 670 DILLWYN, VA 23936

JULY 8, 2021

DEPT. OF THE TREASURY (FOIA APPEAL)  
INTERNAL REVENUE SERVICE  
AUSTIN, TX 73301-0003

RE: IRS FOIA NO. 2021-

THIS IS AN APPEAL UNDER THE PRIVACY ACT OF 1974 5 USC 552 (G). I HAVE REQUESTED RECORDS ON MYSELF MAINTAINED BY THIS AGENCY, ON 6-2-21 IN REGARDS TO FILES/RECORDS FOUND TO BE RESPONSIVE TO THE REQUEST FOR ACCESS TO CONFIRM THE STATUS OF MY STIMULUS CHECKS \$1,800 SENT 4-23-21 \$1,400 SENT 4-30-21 CONFIRMED ON 4-3-21, FOLLOWED BY A DIRECTIVE TO CONTACT THE IRS BY 5-21-21 IF NO CHECKS ARRIVE TO THE ABOVE ADDRESS ON FILE, AND AS OF THIS WRITING NO CHECKS HAVE ARRIVED TO DATE, OR A RESPONSE FROM THIS AGENCY. IM NO LONGER AT LIBERTY TO CALL 1 800 919-9835 OR CONTACT IRS.GOV.COM. UNDER MY REFUND TO SATISFY THE 5-21-21 REQUISITE WHICH IS WHY A REQUEST FOR ACCESS WAS SUBMITTED ON 6-2-21

CARSON  
COPY 1-3

THIS IS AN APPEAL UNDER THE PRIVACY ACT OF 1974 ABOUT ANY RECORDS MAINTAINED ABOUT ME AT YOUR AGENCY, AND ARE NOT SUBJECT TO EXEMPTIONS AND MUST BE MADE AVAILABLE ELECTRONICALLY, TO IDENTIFY THE INFORMATION SYSTEMS AGENCY COMPLIANCE, PER: TITLE 44 USC 3511. AS A MATTER OF RIGHT I APPEAL UNDER THE ACT FOR FULL DISCLOSURE OF ANY RECORDS OR INFORMATION REGARDING MY STATUS, AND WHETHER OR NOT I'VE BEEN VICTIMIZED BY HACKING OR OTHER MEANS OF IDENTITY THEFT BY CONFIRMING THE STATUS OF THE CHECKS SO I MAY PURSUE A 14039 FORM FOR PROSECUTION TO THE IRS, DOJ IF THAT IS THE CASE. AS OUTLINED BY THE STATUTE 20 WORKING DAYS IS REQUIRED BY LAW FOR A RESPONSE.

RESPECTFULLY SUBMITTED,  
WILLIAM ROGOPOULOS  
US VETERAN

CC: WILLIAM ROGOPOULOS  
CC: CHIEF OF THE INSPECTOR GENERAL  
CC: US DIST. COURT

ENCLOSURES: CONFIRMATION REQUEST



CARBON  
COPY B

WILLIAM ROGOPOULOS 1415219  
SS# 034-50-5344 DOB 10-9-58  
ADDRESS ON FILE:  
BOX 670 DILLWYN, VA 23936

JULY 8, 2021

DEPT. OF THE TREASURY (FOIA APPEAL)  
INTERNAL REVENUE SERVICE  
KANSAS CITY, MO 64999-0003 | 800 829-0922

RE: IRS FOIA NO. 2021-

DEAR STAFF/APPEAL UNIT

THIS IS AN APPEAL UNDER THE PRIVACY ACT OF 1974 5 USC 552 (G), I HAVE REQUESTED MY PERSONAL INFORMATION UNDER THE ACT ON 6-8-21 REGARDING MY STATUS FOR NOT RECEIVING MY STIMULUS CHECKS TIMELY, \$1,800 SENT 4-23-21 \$1,400 SENT 4-30-21 CONFIRMATION "IRS.COM. WHEREAS MY REFUND" A DIRECTIVE FOLLOWING THE E-MAIL TO CONTACT THE AGENCY BY 5-21-21 IF NO CHECKS ARRIVE. TO DATE THIS REMAINS TO BE TRUE, AND CORRECT. NO CHECKS ARRIVED AT THE ABOVE ADDRESS ON FILE, WHICH IS WHY CONFIRMATION WAS REQUESTED ABOUT MY RECORDS TO CLARIFY THE STATUS, AND LOCATION OF THE TREASURY CHECKS. AS OF THIS WRITING I HAVE NOT RECEIVED ANY CHECKS, OR A RESPONSE FROM THIS AGENCY.



CARBON COPY 1-3

THIS IS AN APPEAL UNDER THE PRIVACY ACT OF 1974 AND CONCERNS ANY, AND ALL RECORDS MAINTAINED BY THIS AGENCY ELECTRONICALLY SPECIFICALLY TITLE 44 USC 3511 REGARDING THE STATUS OF THE STIMULUS CHECKS, AND ARE NOT SUBJECT TO EXEMPTION THEREFORE DISCLOSURE IS WARRANTED UNDER THE ACT TO CONFIRM NOT ONLY MY IDENTITY, BUT TO CLARIFY IF IM A VICTIM OF THEFT OR OTHER MEANS OF IDENTITY THEFT SO I MAY PURSUE A 14059 FORM FOR PROSECUTION IF THAT IS THE CASE. AS OUTLINED BY STATUTE 20 WORKING DAYS IS REQUIRED BY LAW FOR A RESPONSE.

RESPECTFULLY SUBMITTED,  
WILLIAM ROGOPOLAS  
U.S. VETERAN

CC: WILLIAM ROGOPOLAS  
CC: OFFICE OF THE INSPECTOR GENERAL  
CC: U.S. DIST. COURT

ENCLOSURES: CONFIRMATION REQUEST

### Inmate Request

#### DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; KEEP IT BRIEF
- 3. Drop in the appropriate Mail Box
- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
ROGAPALOS	William		7415219	6B 33-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
		1-26-21		

To: MAIL ROOM SUPERVISOR

- |                        |                        |                    |                   |
|------------------------|------------------------|--------------------|-------------------|
| Assistant Warden       | Education (Div. of Ed) | Law Library        | Personal Property |
| Business Office        | Enterprise Shop        | Library            | Recreation        |
| CHAP--EBP/Instit. Mgr. | Food Service           | <b>Mail Room</b>   | Safety Officer    |
| Chaplain               | Grievance Coordinator  | Maintenance        | Security          |
| Cog. Counselor _____   | Hearings Officer       | Major              | Treatment         |
| Commissary             | Inmate Records         | Medical            | Unit Mgr. _____   |
| Counselor _____        | Insti. Program Manager | Mental Health      | Warden            |
| Dental                 | Laundry                | Operations Manager | Other _____       |

CHECK PURPOSE  Appointment Request  Question/Statement

PLEASE CONFIRM OUTGOING DATE TO THE FOLLOWING ADDRESS:

DEPT. OF THE TREASURY  
 INTERNAL REVENUE SERVICE  
 KANSAS CITY, MO 64999-0002  
 EIP 1 2020 KIP 2 2021

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

### RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

1/27/21 letter mailed

Inmate seen  Yes  No

R Styles

Official Responding

1/27/21

Date of Response



### Inmate Request

#### DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; **KEEP IT BRIEF**
- 3. Drop in the appropriate Mail Box
- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
ROGAPoulos	William		1415219	6 B 33-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
			1-27-21	

To: MAILROOM SUPERVISOR

Assistant Warden	Education (Div. of Ed)	Law Library	Personal Property
Business Office	Enterprise Shop	Library	Recreation
CHAP-EBP/Instit. Mgr.	Food Service	<b>Mail Room</b>	Safety Officer
Chaplain	Grievance Coordinator	Maintenance	Security
Cog. Counselor _____	Hearings Officer	Major	Treatment
Commissary	Inmate Records	Medical	Unit Mgr. _____
Counselor _____	Insti. Program Manager	Mental Health	Warden
Dental	Laundry	Operations Manager	Other _____

CHECK PURPOSE     Appointment Request     Question/Statement

PLEASE CONFIRM OUTGOING DATE TO THE FOLLOWING ADDRESS: 2<sup>ND</sup> MAILING NEEDED SIGNATURE

DEPT. OF THE TREASURY  
INTERNAL REVENUE SERVICE  
KANSAS CITY, MO 64999-0002  
KIP 1 2020 KIP 2 2021

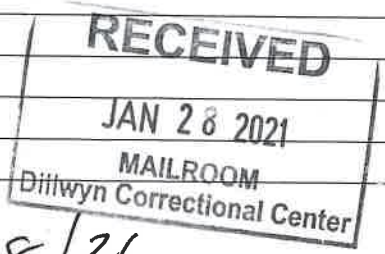
THANK YOU.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

### RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

your letter will be mailed on 1/29/21



Inmate seen  Yes  No

*M. Glu*  
Official Responding

1/28/21  
Date of Response

EXHIBIT C

VIRGINIA DEPARTMENT OF CORRECTIONS

DWCC Offender Request 801\_F3\_10-17

Inmate Request

DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; KEEP IT BRIEF
- 3. Drop in the appropriate Mail Box
- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
ROGOPULAS	William		1415219	3B 14-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
			6-2-21	

To: MAILROOM SUPERVISOR RE: IRS AUSTIN, TX DIVISION \$1,800 \$1,400 STATUS

- Assistant Warden
- Business Office
- CHAP--EBP/Instit. Mgr.
- Chaplain
- Cog. Counselor \_\_\_\_\_
- Commissary
- Counselor \_\_\_\_\_
- Dental
- Education (Div. of Ed)
- Enterprise Shop
- Food Service
- Grievance Coordinator
- Hearings Officer
- Inmate Records
- Insti. Program Manager
- Laundry
- Law Library
- Library
- Mail Room
- Maintenance
- Major
- Medical
- Mental Health
- Operations Manager
- Personal Property
- Recreation
- Safety Officer
- Security
- Treatment
- Unit Mgr. \_\_\_\_\_
- Warden
- Other \_\_\_\_\_

CHECK PURPOSE  Appointment Request  Question/Statement

PLEASE CONFIRM OUTGOING DATE TO THE FOLLOWING ADDRESS:

DEPT. OF THE TREASURY PRIVACY ACT OFFICER  
INTERNAL REVENUE SERVICE FOIA UNIT  
AUSTIN, TX 73301-0003

FOIA REQUEST EIP 1 EIP 2

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department  Yes  No; Routed to: your letter was mailed on the day we recieved it Date:

Inmate seen  Yes  No  
M. [Signature]  
Official Responding

6/03/21  
Date of Response

RECEIVED  
JUN 03 2021  
DWCC MAILROOM



EXHIBIT D

VIRGINIA

DEPARTMENT OF CORRECTIONS

DWCC Offender Request 801 F3 10-17

### Inmate Request

#### DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
ROGAPALLAS	William		1415219	3B 14-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
			6-8-21	

To: MAILROOM SUPERVISOR RE: OUTGOING MAIL IRS KANSAS CITY MO.

- |                       |                        |                    |                   |
|-----------------------|------------------------|--------------------|-------------------|
| Assistant Warden      | Education (Div. of Ed) | Law Library        | Personal Property |
| Business Office       | Enterprise Shop        | Library            | Recreation        |
| CHAP-EBP/Instit. Mgr. | Food Service           | <u>Mail Room</u>   | Safety Officer    |
| Chaplain              | Grievance Coordinator  | Maintenance        | Security          |
| Cog. Counselor _____  | Hearings Officer       | Major              | Treatment         |
| Commissary            | Inmate Records         | Medical            | Unit Mgr. _____   |
| Counselor _____       | Insti. Program Manager | Mental Health      | Warden            |
| Dental                | Laundry                | Operations Manager | Other _____       |

CHECK PURPOSE  Appointment Request  Question/Statement

PLEASE CONFIRM OUTGOING DATE TO THE FOLLOWING ADDRESS:

DEPT. OF THE TREASURY FOIA UNIT  
INTERNAL REVENUE SERVICE  
KANSAS CITY, MO 64999-0003

KEEP KIP 2 FOIA REQUEST

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

### RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_  
It was mailed on the Day we recieved it.

Inmate seen  Yes  No

M. [Signature]  
Official Responding

6/08/21  
Date of Response

RECEIVED  
JUN 08 2021  
DWCC  
MAILROOM

### Inmate Request

#### DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; KEEP IT BRIEF
- 3. Drop in the appropriate Mail Box
- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
ROGAPPOULOS	William		1415219	3B 14-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
			6-30-21	

To: MAIL ROOM SUPERVISOR RE: OUTGOING MAIL IRS FRESDO, CA

- |                       |                        |                    |                   |
|-----------------------|------------------------|--------------------|-------------------|
| Assistant Warden      | Education (Div. of Ed) | Law Library        | Personal Property |
| Business Office       | Enterprise Shop        | Library            | Recreation        |
| CHAP-FBP/Instit. Mgr. | Food Service           | <u>Mail Room</u>   | Safety Officer    |
| Chaplain              | Grievance Coordinator  | Maintenance        | Security          |
| Cog. Counselor _____  | Hearings Officer       | Major              | Treatment         |
| Commissary            | Inmate Records         | Medical            | Unit Mgr. _____   |
| Counselor _____       | Insti. Program Manager | Mental Health      | Warden            |
| Dental                | Laundry                | Operations Manager | Other _____       |

CHECK PURPOSE  Appointment Request  Question/Statement  
 PLEASE CONFIRM OUTGOING DATE TO THE FOLLOWING ADDRESS:

DEPT. OF THE TREASURY  
 INTERNAL REVENUE SERVICE  
 FRESDO, CA 93888-0025

FORM 14039 OMB# 1545-2139

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

### RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_  
 your letter was mailed out on the day we received it

RECEIVED  
 JUN 30 2021  
 DWCC  
 MAILROOM

Inmate seen  Yes  No

*[Signature]*  
 Official Responding

6/30/21  
 Date of Response

Inmate Request

DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; KEEP IT BRIEF
- 3. Drop in the appropriate Mail Box
- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG CELL
ROGAPAVLOS	William		1415219	3B 14-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
		7-10-21		

To: MAIL ROOM SUPERVISOR RE: OUTGOING MAIL

- |                        |                        |                    |                   |
|------------------------|------------------------|--------------------|-------------------|
| Assistant Warden       | Education (Div. of Ed) | Law Library        | Personal Property |
| Business Office        | Enterprise Shop        | Library            | Recreation        |
| CHAP--EBP Instit. Mgr. | Food Service           | Mail Room          | Safety Officer    |
| Chaplain               | Grievance Coordinator  | Maintenance        | Security          |
| Cog. Counselor         | Hearings Officer       | Major              | Treatment         |
| Commissary             | Inmate Records         | Medical            | Unit Mgr.         |
| Counselor              | Insti. Program Manager | Mental Health      | Warden            |
| Dental                 | Laundry                | Operations Manager | Other             |

CHECK PURPOSE  Appointment Request  Question/Statement

PLEASE CONFIRM OUTGOING DATE TO THE FOLLOWING ADDRESS:

DEPT. OF THE TREASURY PRIVACY ACT OFFICER  
INTERNAL REVENUE SERVICE  
KANSAS CITY, MO 64999-0003

FOIA APPEAL

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

9/12/21

RECEIVED  
JUL 12 2021  
DWCC MAILROOM

Inmate seen  Yes  No

M. Shu  
Official Responding

7/12/21  
Date of Response



Inmate Request

DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; KEEP IT BRIEF
- 3. Drop in the appropriate Mail Box
- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
ROGAPPOULOS	William		1415219	3B 14-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	

7-12-21

To: MAILROOM SUPERVISOR RE: OUTGOING MAIL

- |                       |                        |                    |                   |
|-----------------------|------------------------|--------------------|-------------------|
| Assistant Warden      | Education (Div. of Ed) | Law Library        | Personal Property |
| Business Office       | Enterprise Shop        | Library            | Recreation        |
| CHAP--EBP Instt. Mgr. | Food Service           | <u>Mail Room</u>   | Safety Officer    |
| Chaplain              | Grievance Coordinator  | Maintenance        | Security          |
| Cog. Counselor _____  | Hearings Officer       | Major              | Treatment         |
| Commissary            | Inmate Records         | Medical            | Unit Mgr. _____   |
| Counselor _____       | Insti. Program Manager | Mental Health      | Warden            |
| Dental                | Laundry                | Operations Manager | Other _____       |

CHECK PURPOSE  Appointment Request  Question/Statement  
 PLEASE CONFIRM OUTGOING DATE TO FOLLOWING ADDRESS:

DEPT. OF THE TREASURY PRIVACY ACT OFFICER  
 INTERNAL REVENUE SERVICE  
 AUSTIN, TX 73301-0003

FOIA APPEAL

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailed on the day we recieved it

Inmate seen  Yes  No  
 M. Blue  
 Official Responding

7/12/21  
 Date of Response

RECEIVED  
 JUL 12 2021  
 DWCC  
 MAILROOM





### Inmate Request

#### DIRECTIONS

- 1. Fill in your Name, Number, Full Housing Assignment
- 2. Please Print your request; KEEP IT BRIEF
- 3. Drop in the appropriate Mail Box
- 4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
ROGAPAULOS	William		1415219	3B 14-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
			7-30-21	

To: MAILROOM SUPERVISOR RE: OUTGOING MAIL IRS

- |                        |                        |                    |                   |
|------------------------|------------------------|--------------------|-------------------|
| Assistant Warden       | Education (Div. of Ed) | Law Library        | Personal Property |
| Business Office        | Enterprise Shop        | Library            | Recreation        |
| CHAP--EBP/Instit. Mgr. | Food Service           | <u>Mail Room</u>   | Safety Officer    |
| Chaplain               | Grievance Coordinator  | Maintenance        | Security          |
| Cog. Counselor _____   | Hearings Officer       | Major              | Treatment         |
| Commissary             | Inmate Records         | Medical            | Unit Mgr. _____   |
| Counselor _____        | Insti. Program Manager | Mental Health      | Warden            |
| Dental                 | Laundry                | Operations Manager | Other _____       |

CHECK PURPOSE  Appointment Request  Question/Statement

PLEASE CONFIRM OUTGOING DATE TO THE FOLLOWING ADDRESS:

DEPT. OF THE TREASURY PRIVACY ACT OFFICER  
 INTERNAL REVENUE SERVICE  
 FRESNO, CA 93888

OMB 1545-2139 UPDATE 6-30-21 FOIA REQUEST

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

### RESPONSE

Request sent to correct department  Yes  No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

Mail on 7/29/21

Inmate seen  Yes  No

Official Responding

Date of Response