

FREEDOM OF INFORMATION ACT REQUEST FORM

DATE OF REQUEST: _____

NAME OF PERSON REQUESTING INFORMATION: (Please Print)

Address: _____

Phone: () _____

Fax: () _____

Email: _____

DESCRIPTION OF INFORMATION REQUESTED: Please be specific as possible

SIGNATURE OF REQUESTER: _____

Copies \$.25 per page – Color copies \$.35 per page (rate schedule available for other information)

Section 30-4-30(B) SC Code of laws, 1976, as amended, provides as follows;

The public body may establish and collect fees not to exceed the actual cost of searching for and making copies of records, Documents may be furnished when appropriate without charge or at a reduced charge when the agency determines that waiver or reduction of the fee is in the public interest. The custodian of the public records may charge a reasonable hourly rate for making records available to the public and may receive a reasonable deposit of these rates before searching for or making copies of the records.

For Office Use Only

Request assigned to: _____

Date of Completion: _____

Date of assignment: _____

Fee for services: _____

Date response due: _____

Method of payment: _____