

Freedom of Information Act Request Form

Email form to : info@taylorsdistrict.org or drop off/mail to: 463 W. Main Street, Taylors, SC 29687

DATE OF REQUEST:		
NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
		EMAIL ADDRESS:
SIGNATURE:		
		IS POSSIBLE):
HOURLY RATES - \$18.	00 (Non-Managemen	White), \$0.50 (Color Copies) ht)*, \$28.00 (Management)*, \$33.00 (Director)* NO PERSONAL CHECKS ACCEPTED
Section 30-4-3	0(B) S. C. Code of Law	, 1976, as amended, provides as follows;
copies of records. Documents when the agency determines th public records may charge a rea	may be furnished wl nat waiver or reductio asonable hourly rate f	to exceed the actual cost of searching for and making hen appropriate without charge or at a reduced charge on of the fee is in the public interest. The custodian of the or making records available to the public and may receive for or making copies of the records.

FOR OFFICE USE ONLY		
REQUEST ASSIGNED TO:	DATE OF COMPLETION:	
DATE OF ASSIGNMENT:	FEE FOR SERVICE:	
DATE RESPONSE DUE:	METHOD OF PAYMENT:	
	7-12-2011, amended 6-23-2025 6 hour increments	