



## **Freedom of Information Act Request Form**

DATE OF REQUEST:		
NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
REQUESTOR'S PHONE #: ( )		EMAIL ADDRESS:
SIGNATURE:		
INFORMATION REQUESTED (P	LEASE BE AS SPECIFIC	AS POSSIBLE):
HOURLY RATES - \$18	3.00 (Non-Manageme	White), \$0.50 (Color Copies) nt)*, \$28.00 (Management)*, \$33.00 (Director)* NO PERSONAL CHECKS ACCEPTED
Section 30-4-	30(B) S. C. Code of Lav	w, 1976, as amended, provides as follows;
copies of records. Documents when the agency determines to public records may charge a re-	s may be furnished w that waiver or reduction easonable hourly rate	of to exceed the actual cost of searching for and making when appropriate without charge or at a reduced charge on of the fee is in the public interest. The custodian of the for making records available to the public and may receive g for or making copies of the records.
	FOR OFF	FICE USE ONLY
REQUEST ASSIGNED TO:		DATE OF COMPLETION:
DATE OF ASSIGNMENT:		FEE FOR SERVICE:
DATE RESPONSE DUE:		METHOD OF PAYMENT: