



FREEDOM OF INFORMATION ACT REQUEST FORM

Name: _____

Date of Request: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Signature: _____

Information Requested: _____

**ALL COPIES \$.25 EACH PLUS STAFF MEMBER HOURLY RATE @ \$25.00 PER HOUR
CASH, MONEY ORDER, OR PERSONAL CHECKS ACCEPTED**

Section 30-4-30(B), S.C. Code of Laws, 1976, as amended, provides that the agency may establish and collect fees for the search, retrieval, and redaction of records, as well as copy charges for records kept or produced in hardcopy format.

IMPORTANT NOTICE

Section 30-2-50(B), S.C. Code of Laws, 1976, as amended, requires the agency to inform you that obtaining or using public records for commercial solicitation directed to any person in this State is prohibited.

RETURN THIS FORM AND CHECK TO:

Attn: Director of Public Relations & Marketing at pr@delahowe.sc.gov, or Mail: 192 Gettys Road, McCormick, SC 29835

FOR OFFICE USE ONLY

Request Assigned To: _____

Date of Completion: _____

Date of Assignment: _____

Fee for Services: _____

Date Response Due: _____

Method of Payment: _____

Comments: _____