



CITY OF TRAVELERS REST
FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Request: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Signature: _____

Information Requested (please be as specific as possible – **type or print clearly**):



FOR OFFICE USE ONLY

Date FOIA Form Received: _____ Signature of Employee Receipt: _____

Date Receipt Response Due: _____ Date Response Mailed to Requestor: _____



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