

FREEDOM OF INFORMATION ACT REQUEST FORM

Name of Requestor: _____

Requesting Organization: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Delivery Options: Pickup Emailed Mailed

Under the South Carolina Freedom of Information Act, §30-4-10 et seq., I am requesting an opportunity to inspect and/or maintain copies of the following public records (please be as specific as possible and type or print clearly):

_____ (Initial) I understand that I may have to pay the costs of copying, research hours, and postage.

Signature

Date

Submit Requests: Email: connolly@travelersrestsc.com | Fax: 864-834-7270 | Mail: 125 Trailblazer Dr., Travelers Rest, SC 29690

FOR OFFICE USE ONLY

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

Date Receipt Response Due: _____ **Date Response Delivered to Requestor:** _____

Billing Info: Research Time: _____ **Cost: \$** _____