

Freedom of Information 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: Carson@travelersrestsc.com | Mail: 125 Trailblazer Dr., Travelers Rest, SC

FOR OFFICE USE ONLY

Date Received: _____ Signature of Employee: _____

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

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