



## FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_ inspection only      \_\_\_\_ hard copy

\_\_\_\_ hard copy      \_\_\_\_ email: \_\_\_\_\_

\_\_\_\_ Fax: \_\_\_\_\_

DESCRIPTION OF RECORDS REQUESTED (Please be specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you asking for these records for a commercial use/purpose? \_\_\_\_ yes \_\_\_\_ no

Pursuant to S.C. Code 30-2-50, a person or private entity shall not knowingly obtain or use personal information obtained from a state agency, a local government, or other political subdivision of the State for commercial solicitation directed to any person in this State. A person knowingly in violation of this law is guilty of a misdemeanor and, upon conviction, must be fined an amount not exceeding five hundred dollars or imprisoned for a term not to exceed one year, or both. My filing of this request constitutes acknowledgement of this prohibition.

By my signature, I hereby state that I have received information about the Town of Campobello's FOIA process and a copy of the fee schedule outlining possible charges I may incur as part of this request. I also understand that I may be required to pay a deposit before documents are copied or transmitted.

SIGNATURE OF PERSON MAKING REQUEST: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY:

Date received: \_\_\_\_\_ Due Date: \_\_\_\_\_ Response date: \_\_\_\_\_

Dept responsible for responding: \_\_\_\_\_ Staff person: \_\_\_\_\_

Town attorney involved: \_\_\_\_ yes \_\_\_\_ no Staff time to process: \_\_\_\_\_

Associated fees: \_\_\_\_\_ Paid: \_\_\_\_ yes \_\_\_\_ no

Copy of Driver's License \_\_\_\_ yes \_\_\_\_ no