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