FREEDOM OF INFORMATION ACT REQUEST FORM

DATE OF REQUEST:__________________________________________

NAME:_____________________________________________________

ADDRESS:_________________________________________________

CITY:_________________________ STATE:_________ ZIP:_________

PHONE:_________________________ FAX:_______________________

______________________________________________________________

Signature

INFORMATION REQUESTED:____________________________________

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Copies: $.15 Each  ~  Engineering Design Drawings/Maps: Actual Cost of Reproduction
Staff Time - $13.00 Per Hour  ~  Cash or Money Order - No Personal Checks Accepted

Section 30-4-30(b) S.C. Code of Laws, 1976, as amended, provides as follows:

The public body may establish and collect reasonable fees not to exceed the actual cost of the search, retrieval, and redaction of records. The public body shall develop a fee schedule to be posted online. The fee of the search, retrieval, or redaction of records shall not exceed the prorated hourly salary of the lowest paid employee who, in the reasonable discretion of the custodian of the records, has the necessary skill and training to perform the request. Fees charged by a public body must be uniform for copies of the same record or document and may not exceed the prevailing commercial rate for the producing of copies. Copy charges may not apply to records that are transmitted in an electronic format. If records are not in electronic format and the public body agrees to produce them in electronic format, the public body may charge for the staff time required to transfer the documents to electronic format. A deposit not to exceed twenty-five percent of the total reasonably anticipated cost for the reproduction of the records may be required prior to the public body searching for or making copies of records.

FOR OFFICE USE ONLY

REQUEST ASSIGNED TO:_____________________________________

DATE OF ASSIGNMENT:__________________

DATE OF COMPLETION:__________________

FEE FOR SERVICES RENDERED:_________

METHOD OF PAYMENT:_______________

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