



FREEDOM OF INFORMATION ACT REQUEST FORM

THIS FORM OR A SIMILAR REQUEST MUST BE HAND DELIVERED OR MAILED TO KERSHAW COUNTY. PLEASE HAND DELIVER TO: \_\_\_\_\_ OR MAIL TO \_\_\_\_\_.

DATE OF REQUEST: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PUBLIC RECORD(S) REQUESTED TO INSPECT OR COPY (please be as specific as possible):

(Attach additional pages as necessary)

Section 30-4-30(B) S.C. Code of Laws, 1976, as amended, (the FOIA) authorizes Kershaw County, as a public body, to charge and collect fees for the actual costs of responding to requests for public information. By Resolution adopted on August 14, 2012, Kershaw County Council adopted a policy setting the established fees for copies and for staff time in searching for and providing requested information. Requestors are reminded that the policy of the County is: "The obligation of the County is to make records available for review by the public; employees are not required to analyze data or make data compilations in responding to FOIA requests." Information supplied pursuant to a Freedom of Information Act Request is subject to the provisions of South Carolina Code Section 30-2-50 and specifically Section 30-2-50(A) "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."

Schedule of Fees Kershaw County Charges

Copies \_\_\_\_\_ cents (\$0. \_\_) per page. Copies of Council minutes, Resolutions and Ordinances may be free, if a small number of copies are involved.

Research & Preparation \_\_\_\_\_ Based on actual costs of searching for and making copies.

A good faith deposit for the estimated costs of retrieving and copying requested information will be required for numerous copies, or if the request relates to information not readily retrievable or which will require unusual staff time to provide.

This institution is an equal opportunity provider and employer.

FOR OFFICE USE ONLY

REQUEST ASSIGNED TO \_\_\_\_\_ DATE OF COMPLETION: \_\_\_\_\_

DATE OF ASSIGNMENT: \_\_\_\_\_ FEE FOR SERVICES: \_\_\_\_\_

DATE OF RESPONSE DUE: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_