



FREEDOM OF INFORMATION ACT REQUEST FORM

DATE OF REQUEST: _____

NAME: _____

STREET ADDRESS: _____
Street No. Street City State ZIP

PHONE: _____ **EMAIL:** _____

INFORMATION REQUESTED: *Please be as specific as possible.*

1. Pursuant to S.C. Code §30-2-50, obtaining or using public records for commercial solicitation directed to any person in the State of South Carolina is unlawful, and is punishable by a fine of up to \$500 and imprisonment up to one year, or both.

2. I understand that I can be charged a reasonable fee for location and reproduction of these documents, if appropriate. I understand that the County had ten (10) business days, excluding weekends and County holidays, in which to respond

SIGNATURE: _____

SUBMIT REQUEST TO:
Anderson County Public Information Office
PO Box 8002, Anderson, SC 29622
Office: 864.260.1047
Fax: 864.260.4548
tbannister@andersoncountysc.org

FOR OFFICE USE ONLY	
Date FOIA Received:	_____
Signature of Employee Receipt:	_____
Date Receipt Response Due:	_____
Date Response Mailed:	_____