



# FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Request: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Information Requested (please be as **specific** as possible – type or print clearly):

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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 has ten (10) business days, excluding weekends and County holidays, in which to respond.

Signature: \_\_\_\_\_

**Submit Request to:**  
 Anderson County Attorney's Office  
 PO Box 8002, Anderson, SC 29622  
 Office (864) 964-6538 Fax (864) 260-4548  
[erwilkes@andersoncountysc.org](mailto:erwilkes@andersoncountysc.org)

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