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

FOR OFFICE USE ONLY

Date FOIA Received: __________
Signature of Employee Receipt: __________
Date Receipt Response Due: __________
Date Response Mailed: __________