



FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

____ inspection only ____ hard copy

____ hard copy ____ email: _____

____ Fax: _____

DESCRIPTION OF RECORDS REQUESTED (Please be specific as possible):

Are you asking for these records for a commercial use/purpose? ____ yes ____ no

Pursuant to S.C. Code 30-2-50, 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. A person knowingly in violation of this law is guilty of a misdemeanor and, upon conviction, must be fined an amount not exceeding five hundred dollars or imprisoned for a term not to exceed one year, or both. My filing of this request constitutes acknowledgement of this prohibition.

By my signature, I hereby state that I have received information about the Town of Campobello's FOIA process and a copy of the fee schedule outlining possible charges I may incur as part of this request. I also understand that I may be required to pay a deposit before documents are copied or transmitted.

SIGNATURE OF PERSON MAKING REQUEST: _____ DATE: _____

OFFICE USE ONLY:

Date received: _____ Due Date: _____ Response date: _____
Dept responsible for responding: _____ Staff person: _____
Town attorney involved: ____ yes ____ no Staff time to process: _____
Associated fees: _____ Paid: ____ yes ____ no
Copy of Driver's License ____ yes ____ no