



FREEDOM OF INFORMATION ACT REQUEST FORM

THIS FORM OR A SIMILAR REQUEST MUST BE HAND DELIVERED, EMAILED, PLACED IN DROP BOX IN FRONT OF GOVERNMENT CENTER OR MAILED TO KERSHAW COUNTY. PLEASE HAND DELIVER OR MAIL TO: Lauren Reeder, 515 Walnut Street, Camden, SC 29020 OR EMAIL TO JOHNNY.DEAL@KERSHAW.SC.GOV.

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 (\$0.50) 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: _____