



FREEDOM OF INFORMATION REQUEST

Full Name: _____ Organization/Company: _____

Please Print

Mailing Address: _____ Date of Request: _____

Daytime Telephone: _____ Email: _____

Pursuant to Chapter 4, Title 30, South Carolina Code of Laws, the Town of Estill will honor your Freedom of Information request except for such files and portions of files that are exempted from disclosure or disclosure limited. The Town of Estill reserves the right to charge fees for research, copies, and mailing of files requested. Such fees will be discussed and agreed upon before fulfilling your request.

FILES REQUESTED

Clearly describe what you are requesting. Include identifying information, such as names, places, and the period of time about which you are inquiring.

Under the Freedom of Information Act, I am requesting the above files for:

- Review; please contact me to make an appointment
- Copy; administrative fees may apply and that I will be contacted if charges exceed \$100

FOR OFFICE USE ONLY

FOIA Request Accepted by: _____

FOIA Request Approved by: _____

FOIA Request Completed by: _____

Research Time: _____

Mailing Charge: _____

Research Cost: _____

Total Charge: _____

Total #Copies: _____

Copy Charge: _____

Make Check payable to: *TOWN OF ESTILL*