



FREEDOM OF INFORMATION REQUEST FORM

Date _____

Name (Mr., Mrs., Ms): _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: _____

Under the Freedom of Information Act (FOIA), I would like to review and/or copy available files for the following:

SIGNATURE OF REQUESTOR

Request should be mailed, faxed or delivered to Office of the County Supervisor, PO Drawer 580, Chester, SC 29706. Telephone (803) 385-5133; Fax (855) 932-0433.

FOR OFFICE USE ONLY:

COST OF RESEARCH TIME: _____ TOTAL NO. AND COST OF COPIES _____

HOURS AND COST OF TIME REVIEWING RECORDS: _____

TOTAL COST: _____

DATE TO BE REVIEWED, MAILED OR PICKED UP _____