



FREEDOM OF INFORMATION ACT REQUEST FORM

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____ - _____ FAX NUMBER: (_____) _____ - _____

EMAIL: _____

Please indicate your preferred method of delivery by checking the appropriate box below. If possible, we will respond by the preferred method; however, some responses may not be suitable for fax or email due to quantity, size or medium of the document.

Mail Fax Email

Request to review information on premises

Pursuant to the Freedom of Information Act, Section 30-4-10, et seq., Code of Laws of South Carolina (1976, as amended), I request a copy of the following (please be specific).

I understand that obtaining or using public records for commercial solicitation directed to any person in this State is prohibited under Section 30-2-50 of the South Carolina Code of Laws.

I understand that the County has fifteen (15) days, excluding weekends and County holidays, in which to respond. I also understand that I may be required to pay for the costs of copying, research, and postage associated with my request.

SIGNATURE: _____

Return form to:
Aiken County Government
Administrator's Office
828 Richland Avenue West
Aiken, SC 29801
Fax: 803-642-2124

FOR OFFICE USE ONLY	
REQUEST ASSIGNED TO: _____	DATE OF COMPLETION: _____
DATE OF ASSIGNMENT: _____	FEE FOR SERVICES: _____
DATE RESPONSE DUE: _____	METHOD OF PAYMENT: _____