

Freedom of Information Act Request Form

Town of Kershaw, South Carolina Post Office Box 145, Kershaw, SC 29067 (803) 475-6065

The Town of Kershaw, South Carolina (the "Town") has adopted "Policy Regarding Requests for Public Records Under the Freedom of Information Act" (the "Policy"). Pursuant to the Policy, requests for information made under the Freedom of Information Act, now codified as 30-4-10 *et seq.* of the Code of Laws of South Carolina, 1976, as amended (the "FOIA") shall be made using this form. This form must be signed and submitted by way of one of the following:

In Person: Town Hall, 113 South Hampton Street, Kershaw, SC 29067

US Mail: Town of Kershaw, Attn: Town Administrator, PO Box 145, Kershaw, SC 29067

Email: john.douglas@townofkershawsc.gov

Date of Request:Name of Person Making	ng Request:		
Name of Agency/Firm or Organization Business Making I	Request:		
Address:	City:	State:Zip:	
Phone Number:	Email:		_
Information Requested (please be as specific as possible).	Attach additional pages as n	eeded.	
Please indicate the format in which you would like a respon	nse:		
□ Email Electronic Copies □ Pick Up □ Mail Ha	ard Copies		
Please be advised that under the South Carolina commercial solicitation use, local government, Sectic obtaining or using public records for commercial solicity By signing below, you hereby acknowledge that you commercial solicity will not be used for solicitation. Requestor Signature: Under this Policy, the Town has duly adopted the fee sche providing requested information.	on (B) "all persons who tation directed to any pers pletely read and fully unders	obtain records pursuant to on in this State is prohibited." stand the information obtain via	this chapter that
providing requesied information.	Minutes/Hours	x Rate	Cost
Per Hour for Employee Search/Retrieval Time		*Varies	
Copies:	Number of Pages:	Unit Price (1 Pg. = 1 Unit):	
Per Page Letter Size b&w/color		\$0.40 b&w/\$0.80 color	
Per Page Legal Size b&w/color		\$0.90 b&w/\$1.00 color	
Charge for staff time to search, retrieve or redact		\$13.50 per hr, per employee	
Minimum charge to respond to all FOIA requests		\$3.00	
Services anticipating three hours or more of staff time		25% deposit of estimated cos	st
Postage/Shipping (USPS/FEDEX/UPS)		Varies	
TOTAL COST			
FOF	R OFFICE USE ONLY		
Date Request Received:By:	Res	ponse Notice Due Date:	
First Response Date:Notification fees/document	ready date: Not	ification of Denial Date:	
Reason for Denial:			
Fee for Services: Date Paid:	Met	hod of Payment:	
Date of Completion: Sta	aff Signature:		