

**SALUDA COUNTY
FREEDOM OF INFORMATION ACT
REQUEST FORM**

Mail or email completed form to: Saluda County Council Office, 400 W. Highland St., Saluda, SC 29138 or PublicInfo@SaludaCounty.SC.Gov.

When completing the form below please print the requested information.

Name: _____ Date of Request: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

****When completing the request, it is VERY important to be as SPECIFIC AS POSSIBLE. Your request may be delayed if you are not clear about the information you are seeking.**

Pursuant to the S.C. Freedom of Information Act, S.C. Code Section 30-4-10 and following sections, I request a copy of the following records (attach additional pages as necessary) and would request to receive the response by method of (Circle One): **Mail** **Email** **Pickup**

Warning:

§30-2-50 prohibits a person or private entity from knowingly obtaining personal information from a state agency, a local government, or other political subdivision of the State for commercial solicitation. Violators are guilty of a misdemeanor and, upon conviction, are subject to a fine not to exceed \$500 or imprisoned for a term not to exceed one year, or both. By signing below, you are acknowledging that you have read the above statement regarding §30-2-50.

Signature: _____

For Office Use Only:

Request assigned to: _____

Date of assignment: _____

Date response due: _____

Date of Completion: _____

Fee for Services: _____

Method of Payment: _____