



JASPER COUNTY FOIA DEPARTMENT

252 Russell Street
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Ridgeland, SC 29936
(843) 717-3688
foia@jaspercountysc.gov

FREEDOM OF INFORMATION ACT REQUEST FORM

Name of Requester: _____ Date Requested: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone: _____ E-mail: _____

Fax: _____

Please indicate your preferred method of delivery by checking the appropriate box below. If mailing is preferred, the requestor will be required to pay the applicable postage amount in addition to other production costs. Electronic delivery of records may be authorized in limited circumstances upon a demonstrated need; otherwise, the County has determined that physical delivery is the most practical and secure method of compliance with the Freedom of Information Act, 30-4-10, et seq., Code of Laws of South Carolina (1976, as amended).

In Person

U.S. Mail

Records Requested: Pursuant to FOIA, I request a copy of the following (please be specific).

I understand that Section 30-2-50 of the Code of Laws of South Carolina prohibits a person or private entity from knowingly obtaining or using personal information from a local government for commercial solicitation directed to a person in this State; violators are guilty of a misdemeanor and subject to a \$500.00 fine and/or jail time up to one year. **ANY PERSONAL INFORMATION OBTAINED PERSUANT TO THIS REQUEST WILL NOT BE USED FOR COMMERCIAL SOLICITATION DIRECTED TO ANY PERSON IN THE STATE OF SOUTH CAROLINA.**

I understand the County generally has ten (10) business days to respond to the request, and generally must produce the records within 30 calendar days from that response date. I understand that I may be required to pay the costs of copying, research and postage associated with my request. See the FOIA information page on the County website, www.jaspercountysc.gov for more information regarding FOIA requests.

SIGNATURE: _____

FOR COUNTY USE ONLY:

DATE RECEIVED: _____ DATE RESPONSE DUE: _____ DATE OF COMPLETION: _____

FEE FOR SERVICES: _____ METHOD OF PAYMENT: _____