

**ABBEVILLE COUNTY, SOUTH CAROLINA**  
**FREEDOM OF INFORMATION ACT REQUEST FORM**

Abbeville County, South Carolina has adopted Ordinance Number 2017-07 regarding requests for public records under the Freedom of Information Act (the "FOIA"). Pursuant to the Ordinance requests for information made under FOIA now codified at §30-4-10 et seq. of the Code of Laws of South Carolina, 1976, as amended shall be made using this form. This form must be signed and submitted either; in person or mailed to the County Director, Abbeville County Administrative Complex, 903 West Greenwood Street, Suite 2800, Abbeville, South Carolina 29620. **A deposit of 25% of the estimated costs of complying with the request will be charged.** Additional fees may also be required. No faxed requests will be accepted.

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**I, the undersigned, agree to pay the charges set by the fee schedule included in Ordinance 2017-07 for services and copies I have requested.**

SIGNATURE: \_\_\_\_\_

INFORMATION REQUESTED (please be as specific as possible and attach additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

DEPT. SUBJECT TO REQUEST: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

REQUEST ASSIGNED TO: \_\_\_\_\_ DATE OF COMPLETION: \_\_\_\_\_

DATE OF ASSIGNMENT: \_\_\_\_\_ FEE FOR SERVICES: \_\_\_\_\_

DATE RESPONSE DUE: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_