



20 S. Main Street, Inman, SC 29349

www.cityofinman.org

## FOIA RECORDS REQUEST

PLEASE PRINT

Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_

Agency, Firm or Organization: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Work #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Information requested (attach additional description, if required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Delivery: U.S. Mail \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Pickup \_\_\_\_\_

Signature of person making request: \_\_\_\_\_

Office Use Only

Receiving Department/Employee \_\_\_\_\_ Date Request Received \_\_\_\_\_

FOIA Response DUE: \_\_\_\_\_ (10 business days from receipt of request)

Date Information was sent via requested delivery method listed above: \_\_\_\_\_

Total Cost of Request: \_\_\_\_\_