Town of Summerville, South Carolina

Freedom of Information Request Form

Name of Requester _____

Requesting Organization _____

Address _____

Phone Number _____ Email _____

Under the South Carolina Freedom of Information Act, §30-4-10 et seq., I am requesting an opportunity to inspect and/or obtain copies of the following public records:

_____

_____

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_____ (Initial) I understand that the Town of Summerville has fifteen (15) days, excluding weekends and Town holidays to respond to the above request and that I may have to pay the costs of copying, research hours and postage.

_____ _____

Signature Date

200 South Main Street, Summerville, SC 29483-6000 * 843.871.6000, Fax: 843.871.6954
www.Summerville.SC.gov