FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: Town of James Island   From: Name: _____
P.O. Box 12240   Address: _____
James Island, SC 29422   _____
Fax: (843) 795-4878   Telephone: _____
fsimmons@jamesislandsc.us
(email preferred)

Description of records requested:

_____

_____

_____

_____

Are you asking for these records for a commercial use/solicitation purposes?   ☐ Yes No ☐

Please indicate the format in which you would like the Town to respond to your request. Please know the Town may not be able to accommodate the requested format. Cost from Fee Schedule may be applied to any of these formats.

☐ Inspection Only   ☐ Hard Copy   ☐ Email: _____

☐ Fax: _____   ☐ Other Format: _____

By my signature, I hereby state that I have received information about the Town of James Island's FOIA process and a copy of the Fee Schedule outlining possible charges I may incur as part of this request.

Signature: _____   Date: _____

For Office Use Only:

Date Received: _____   Due Date: _____   Response Date: _____

Department(s) Responsible for Responding: _____

Town Attorney Involvement: ☐ Yes   ☐ No

Town Staff Assigned Response: _____

Notations: _____

_____

Associated Fees: _____
Paid: ☐ Yes   No ☐