FREEDOM OF INFORMATION ACT REQUEST FORM

DATE OF REQUEST:			
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NUMBER:	MAIL		
SIGNATURE:			
PUBLIC RECORDS OR INFO			
Section 30-4-30(B) South Carol Information Act (FOIA) authorifees for the actual cost of response	zes Bamberg County, as a public info	ic body to charge and collect	
	OFFICE USE ONLY		
RESPONSE DATE	STAFF ASSIG	GNED	
APPOINTMENT DATE	COMPLETIO	N DATE	
FEES FOR SERVICES	METHOD OF	METHOD OF PAYMENT	