



FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST _____

REQUESTOR _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

EMAIL _____ **PHONE** _____

PLEASE INDICATE DEPARTMENT REQUEST SHOULD BE FORWARDED TO:

- LAW ENFORCEMENT**
- BUILDING CODE (CERTIFICATES OF OCCUPANCY, BUILDING CODE VIOLATIONS, ETC.)**
- ZONING CODE (ZONING DISTRICTS, ZONING CODE VIOLATIONS, ETC.)**
- OTHER** _____ **(PLEASE SPECIFY)**

DESCRIPTION OF RECORDS REQUESTED:

ARE THESE RECORDS FOR A COMMERCIAL USE PURPOSE?

- YES**
- NO**

PURSUANT TO S.C. CODE ANN. § 30-2-50, A PERSON OR PRIVATE ENTITY SHALL NOT KNOWINGLY OBTAIN, OR USE PERSONAL INFORMATION OBTAINED FROM THE TOWN FOR COMMERCIAL SOLICITATION DIRECTED TO ANY PERSON IN THIS STATE. ALL PERSONS MAKING FOIA REQUESTS TO THE TOWN ARE HEREBY NOTIFIED THAT ALL PERSONS OBTAINING OR USING PUBLIC RECORDS FOR COMMERCIAL SOLICITATION DIRECTED TO ANY PERSON IN THIS STATE IS PROHIBITED. A PERSON KNOWINGLY VIOLATING THE PROVISIONS OF S.C. CODE ANN. § 30-2-50 IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, MUST BE FINED AN AMOUNT NOT TO EXCEED FIVE HUNDRED DOLLARS OR IMPRISONED FOR A TERM NOT TO EXCEED ONE YEAR, OR BOTH.

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THIS INFORMATION:

- INSPECTION AT TOWN OFFICE**
- HARD COPY BY MAIL (WILL BE SENT TO ADDRESS ABOVE)**
- HARD COPY FOR PICK UP**
- FAX TO** _____
- EMAIL TO** _____
- DIGITAL COPY (REQUESTOR MUST PROVIDE NEW/UNOPENED FLASH DRIVE/DISC)**
- OTHER** _____



IN ACCORDANCE WITH FOIA, THE TOWN OF BLYTHEWOOD MUST:

- 1. FOR RECORDS LESS THAN 24-MONTHS OLD, NOTIFY THE PERSON MAKING THE REQUEST OF THE CITY'S DETERMINATION AS TO THE PUBLIC AVAILABILITY OF THE REQUESTED PUBLIC RECORD¹ WITHIN 10 WORKING DAYS (EXCLUDES SATURDAYS, SUNDAYS AND LEGAL PUBLIC HOLIDAYS) AND PRODUCE THE REQUESTED INFORMATION WITHIN 30 CALENDAR DAYS OF THE LATER OF EITHER CITY'S NOTIFICATION AS TO THE AVAILABILITY OF THE REQUESTED PUBLIC RECORD OR THE DATE THE ADVANCE DEPOSIT IS MADE IF REQUIRED BY THE TOWN.**

¹ The determination is not required to include a final decision or express an opinion as to whether specific portions of the documents or information may be subject to redaction according to exemptions provided for by Section 30-4-40 or other state or federal laws

- 2. FOR RECORDS MORE THAN 24-MONTHS OLD, NOTIFY THE PERSON MAKING THE REQUEST OF THE CITY'S DETERMINATION AS TO THE PUBLIC AVAILABILITY OF THE REQUESTED PUBLIC RECORD¹ WITHIN 20 WORKING DAYS (EXCLUDES SATURDAYS, SUNDAYS AND LEGAL PUBLIC HOLIDAYS) AND PRODUCE THE REQUESTED INFORMATION WITH 35 CALENDAR DAYS OF THE LATER OF EITHER CITY'S NOTIFICATION AS TO THE AVAILABILITY TO THE REQUESTED PUBLIC RECORD OR THE DATE THE ADVANCE DEPOSIT IS MADE IS REQUIRED BY THE TOWN.**

TOWN OF BLYTHEWOOD SUMMARY OF SEC. 36.01 OF CODE OF ORDINANCES

- 1. COPIES OF DOCUMENTS MADE AT TOWN HALL SHALL BE \$0.10 PER PAGE FACE. COPIES MADE BY COMMERCIAL COPYING SERVICES SHALL BE CHARGED AT THEIR RATE PLUS THE MILEAGE RATE FOR DELIVERY AND PICK UP OF MATERIALS. STAFF TIME SPENT TO SATISFY INFORMATION REQUESTS SHALL BE CHARGED AT \$10.00 PER HOUR PER STAFF MEMBER WHEN TOTAL STAFF TIME EXCEEDS ONE HOUR. DOCUMENTS MAY BE FURNISHED WITHOUT CHARGE OR AT A REDUCED RATE WHERE THE TOWN ADMINISTRATOR DETERMINES IT IS IN PUBLIC INTEREST OR BENEFIT OF THE GENERAL PUBLIC.**

BY MY SIGNATURE, I HEREBY STATE THAT I HAVE RECEIVED INFORMATION ABOUT THE TOWN OF BLYTHEWOOD'S FOIA PROCESS AND HAVE READ AND UNDERSTAND FEES THAT I MAY INCURE IN ACCORDANCE WITH SEC. 36.01 OF THE TOWN CODE OF ORDINANCES. I ALSO CERTIFY TO THE TOWN OF BLYTHEWOOD THAT I WILL NOT USE PERSONAL INFORMATION OBTAINED FROM THE TOWN FOR PURPOSES OF COMMERCIAL SOLICITATION NOR WILL I PROVIDE SUCH PERSONAL INFORMATION TO OTHERS FOR PURPOSES OF COMMERCIAL SOLICITATION.

SIGNATURE _____ DATE _____

PLEASE SUBMIT YOUR REQUEST TO:

**TOWN OF BLYTHEWOOD
ADMINISTRATION
171 LANGFORD RD
BLYTHEWOOD, SC 29016 FAX:
(803) 754-0563
EMAIL:
DurstS@TownOfBlythewoodSC.gov**

FOR OFFICE USE ONLY: Date Received _____		Date of Initial Response _____	
Town Attorney Involvement: YES	NO	Associated Fees \$ _____	Paid: YES NO