

TOWN OF BLACKSBURG, SOUTH CAROLINA

P. O. Box 487, Blacksburg, SC 29702

Phone: (864) 839-2332

FREEDOM OF INFORMATION ACT REQUEST FORM

The Town of Blacksburg (the "Town") has adopted its "Policy **Regarding** Requests for Public Records Under the Freedom of Information Act" (the "Policy"). Pursuant to the Policy, requests for information made under the Freedom of Information Act, now codified at §§ 30-4-10 *et seq.* of the Code of Laws of South Carolina, 1976, as amended (the "FOIA") shall be made using this form. This form must be signed and submitted either: in person or by mail to Town of Blacksburg, P.O. Box 487, Blacksburg, SC 29702. A minimum fee of \$3.00 for staff time required to respond to the request must be included. Additional fees may also be required. No e-mail or faxed requests will be accepted.

NAME: _____ DATE OF REQUEST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

It, be undersigned, agree to pay the charges set by the fee schedule below for the services and copies I have requested.

SIGNATURE: _____

INFORMATION REQUESTED (please be as specific as possible and attach additional pages if needed): _____

Section 30-4-JO(b) of FOIA, authorizes the Department, as a public body, to charge and collect fees for the actual costs of responding to requests for public information. Under the Policy, the Town has duly adopted the fee schedule set forth below for copies and for staff time in searching for and providing requested information. A minimum fee of \$3.00 for all FOIA requests must be submitted along with this form. An additional deposit is required for requests that are anticipated to require greater than (S) five hours of staff time.

Fee Schedule for Staff Time and Copies

Description	Charge
A minimum charge shall be paid for all requests (except certain walk-in requests)	\$3.00
Requestors shall pay for copies exceeding fifteen (15) pages	\$0.20 per copy
Requestors shall pay for staff time at a gross hourly rate	\$20.00 per hour, per employee
Deposit for anticipated or apparent staff search time exceeding five (5) hours	1/2 of estimated costs

FOR DEPARTMENT USE ONLY

DEPARTMENT SUBJECT TO REQUEST: _____ RECEIVED BY: _____

REQUEST ASSIGNED TO: _____ DATE OF COMPLETION: _____

DATE OF ASSIGNMENT: _____ FEE FOR SERVICES: _____

DATE RESPONSE DUE: _____ METHOD OF PAYMENT: _____