

100 South Jefferson Street Saluda, SC 29138-1633 Phone 864.445.3522 - Fax 864.445.4928 www.townofsaluda.com

FOIA FORM

DATE OF REQUEST:			
NAME:			
ADDRESS:			
CITY:	STATE: _	<u>SC</u>	ZIP:
PHONE: ()			
E-MAIL ADDRESS:			
SIGNATURE			
Section 30-4-30(I The public body may establish copies of records. Documents when the agency determines t of the public records may char	and collect fees not may be furnished w hat waiver or reduct ge a reasonable hou	ors, 1976, as t to exceed when approtion of the arly rate for	
	IMPORT	ANT NOT	ГІСЕ
Section §30-2-50(B) S.C. Corecords is prohibited from be	· •	_	ersonal information obtained from public licitation purposes.
FOR OFFICE USE ONLY			
REQUEST ASSIGNED TO: _		I	DATE OF COMPLETION:
DATE OF ASSIGNMENT: _		F	FEE FOR SERVICES:
DATE RESPONSE DUE:		N	METHOD OF PAYMNET:
COMMENTS:			

FOIA REQUEST CHARGES

DVD w/ Sleeve = \$.50

Paper Copies - \$.25 per page

Postage (DVD's will be sent certified mail if you can't come pick up) – Exact Amount

Labor – Hourly wage of employee performing task x number of hours to complete request (minimum charge of 1 hour)

CASH OR MONEY ORDER MADE PAYABLE TO THE TOWN OF SALUDA