

**City of Union, South Carolina
101 Sharpe Avenue, Union, SC 29379
Phone: (864) 429-1721**

FREEDOM OF INFORMATION ACT REQUEST FORM

The City of Union, South Carolina (the "City") 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 (i) in person at the Union City Hall, 101 Sharpe Avenue, Union, SC 29379; (ii) by mail to City of Union, Attn: FOIA Manager, P.O. Box 987, Union, SC 29379; or (iii) by electronic mail. A minimum fee of \$5.00 for staff time required to respond to the request must be included. Additional fees may also be required. No faxed requests will be accepted.

NAME: _____ DATE OF REQUEST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

I, the 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 30-4-30(b) of FOIA, authorizes the City, as a public body, to charge and collect fees for the actual costs of responding to requests for public information. Under the Policy, the City 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 \$5.00 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 (5) five hours of staff time.

PURSUANT TO § 30-2-50 OF THE CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED, YOU ARE PROHIBITED FROM KNOWINGLY USING PUBLIC RECORDS OBTAINED FROM THE CITY OF UNION FOR COMMERCIAL SOLICITATION. VIOLATION OF THIS LAW IS PUNISHABLE BY LAW AS A MISDEMEANOR, RESULTING IN UP TO A YEAR IN PRISON OR A FINE NOT TO EXCEED \$500. MY FILING OF THIS REQUEST CONSTITUTES ACKNOWLEDGMENT OF THIS PROHIBITION.

Fee Schedule for Staff Time and Copies

Description	Charge
Minimum charge to pay costs for responding to all FOIA requests	\$5.00 (paid upon receipt of records)
Charge per page for hard copy of records	\$0.20 per copy
Charge for staff time to search, retrieve, or redact records	\$20.00 per hour, per employee
Charge for other media used to provide records	Actual cost of media to City
Deposit for anticipated or apparent staff time exceeding 5 hours	¼ of estimated costs

FOR CITY 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: _____