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**Aiken County**  
**Office of the Administrator**  
1930 University Parkway, Suite 3100  
Aiken, SC 29801  
(803) 642-2012

**FREEDOM OF INFORMATION ACT REQUEST FORM**

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Please indicate your preferred method of delivery by checking the appropriate box below. If possible, we will respond by the preferred method; however, some responses may not be suitable for fax or e-mail due to quantity, size or medium of the document.

Mail  Fax  E-mail  Request to review information on premises

Pursuant to the S.C. Freedom of Information Act, S.C. Code Section 30-4-10 and following sections, I request a copy of the following records (please be specific and include dates of records).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree that I will not use any personal information in the documents provided for commercial solicitations directed to any person in South Carolina. I understand that such activities are prohibited under S.C. Code Section 30-2-50 and are subject to fines or imprisonment. If you may use the records for commercial purposes, please describe that use:** \_\_\_\_\_

Depending upon the age of the records requested, I understand that the County has at least ten (10) days, excluding weekends and County holidays, in which to notify me of its determination on whether the records will be provided. Certain records may have a longer notification time period due to the age of the records requested. I understand that that the County then has a period of time to send me the records that will be provided. I understand that I may be required to pay the costs of copying, research, and postage associated with my request and provide a deposit for those fees. An estimate of those costs, if any, will be provided with the initial notification from the County.

SIGNATURE: \_\_\_\_\_

Return form to:  
Aiken County Government  
Administrator's Office  
1930 University Parkway, Suite 3100  
Aiken, SC 29801

FOR OFFICE USE ONLY	
REQUEST ASSIGNED TO: _____	DATE OF COMPLETION: _____
DATE OF ASSIGNMENT: _____	FEE FOR SERVICES: _____
DATE RESPONSE DUE: _____	METHOD OF PAYMENT: _____