



Freedom of Information Act Request Form

The City of Wellford (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: in person or by mail to City of Wellford, P.O. Box 99, Wellford, SC 29385. A minimum fee of \$5.00 for staff time required to respond to the request must be included. Additional fees may also be required. We do not accept requests that are emailed or faxed.

§30-4-30(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 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 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 five (5) hours of staff time.

IMPORTANT: §30-4-50(b) S.C. Code of Laws provides that information obtained from public records is prohibited from being used for commercial solicitation purposes. By signing this form, you agree to comply fully with the S.C. Code of Laws.

NAME: _____ **DATE OF REQUEST:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **EMAIL:** _____

I, the undersigned, agree to pay the charges set forth 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):*

Fee Schedule for Staff Time and Copies

Description	Charge
Minimum charge for all requests	\$5.00
Requestors shall pay for copies exceeding ten (10) pages	\$0.50 per copy
Videos and/or DVDs, Rule 5, Brady Motion	\$25.00 per disk
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	½ of the estimated cost
Postage	Actual Rate

FOR DEPARTMENT USE ONLY

DEPARTMENT(S) SUBJECT TO REQUEST: _____	RECEIVED BY: _____
REQUEST ASSIGNED TO: _____	DATE OF COMPLETION: _____
DATE RECEIVED & ASSIGNED : _____	FEE FOR SERVICE: _____
DATE RESPONSE DUE: _____	METHOD OF PAYMENT: _____