



Freedom of Information Act Request Form

Requestor's Name: _____

Address: _____

Email: _____

Phone Number(s): _____

I request the following information under the South Carolina Freedom of Information Act:

Multiple horizontal lines for writing the request details.

I prefer to receive the requested information by: Mail Email

Signature _____

Date _____

Send request to: SCSDb Records Department
355 Cedar Springs Road
Spartanburg, SC 29302
FAX: 864-577-7561