



KINGSTREE POLICE DEPARTMENT

KIMBERLY MARLOW
CHIEF

FOIA REQUEST FORM

Date of Request: _____ Requestor's Name: _____
Requestor's Agency/Organization/Firm: _____
Requestor's Address: _____
Telephone Number: _____ Email: _____

Requests for public records are to be sent to: **Kingstree Police Department, 401 N. Longstreet Street, Kingstree, SC 29556** or kpdfaia@kingstree.org.

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 KINGSTREE POLICE DEPARTMENT 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.

Pursuant to S.C. Code §30-3-40, the South Carolina Freedom of Information Act (SC FOIA) I am requesting copies of the following public records *(be as specific as possible)*:

*(Note: Data recorded by a body-worn camera is **NOT** a public record subject to disclosure under the Freedom of Information Act. S.C. Code §23-1-240(G)(1).)*

NAME OF SUBJECT ON RECORDS BEING SOUGHT: _____
DATE OF BIRTH AND/OR AGE OF SUBJECT: _____
INCIDENT LOCATION: _____
INCIDENT DATE (OR DATE RANGE): _____
<i>(Note: Records older than two years may result in a longer response time and a longer record production time.)</i>
NAME(S) OF OTHER PERSON(S) INVOLVED, IF KNOWN <i>(e.g., victims, witnesses, complainants, etc.)</i> : _____

ANY PERSONAL INFORMATION OBTAINED PURSUANT TO THIS REQUEST WILL NOT BE USED FOR COMMERCIAL SOLICITATION DIRECTED TO ANY PERSON IN THE STATE OF SOUTH CAROLINA.

Signature

Date

Submit FOIA Request to:
Kingstree Police Department
401 N. Longstreet Street
Kingstree, SC 29556
kpdfaia@kingstree.org

FOR OFFICE USE ONLY

Date Received: _____ Due Date: _____

First Response Date: _____ Notification fees/document ready date: _____

Notification Denial Date: _____ Reason for Denial: _____

Fees for Service: _____ Date Paid: _____ Payment Method: _____

Date of Completion: _____ Staff Signature: _____

KINGSTREE POLICE DEPARTMENT
FREEDOM OF INFORMATION (FOIA) REQUEST FEE SCHEDULE

	Basis	Fee:
Search/Retrieval/Redaction Time: <i>(if the request requires specialized personnel, e.g., IT, legal, executive, etc., hourly rates could increase)</i>	<i>Per Hour</i>	\$17.00
INCIDENT REPORT	<i>Per Report</i>	\$5.00
ACCIDENT REPORT	<i>Per Report</i>	\$5.00
BLACK AND WHITE COPIES <ul style="list-style-type: none"> • 8.5" x 11" • 8.5 x 14" 	<i>Per page</i>	0.30 0.35
COLOR COPIES <ul style="list-style-type: none"> • 8.5" x 11" • 8.5 x 14" 	<i>Per page</i>	0.40 0.45
CD/DVD/THUMB DRIVE	<i>Per storage device</i>	\$10.00
CERTIFIED MAIL & RETURN RECEIPT	<i>FOIA Requests and other Applicable</i>	Certified Mail Rate & Return Receipt Rate
SHIPPING/POSTAGE	<i>Per Request</i>	Postage Rate