



**TOWN OF KINGSTREE
FREEDOM OF INFORMATION (FOIA) REQUEST**

To: Town Of Kingstree
Town Clerk
401 N. Longstreet Street
Kingstree, SC 29556
Fax: 843-355-3010
foia@kingstree.org

From: _____
Requestor _____
Requestor's Organization/Agency/Firm _____
Address _____
City, State, Zip Code _____
Telephone _____
Email address _____

Representing for: (Client's Name) _____

Description of records requested (Please be very specific):

Are these records being requested for a commercial use/purpose? Yes No

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 TOWN OF KINGSTREE 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.

Please indicate the format in which you would like the city to respond to your request. Please know that the city may not be able to accommodate the requested format. Cost from the Town of Kingstree's Freedom of Information Act Fee Schedule may be applied to any of these formats.

Hard Copy Inspection Only Fax: _____
 Other (please specify): _____

By my signature, I hereby state that I have reviewed information about the Town of Kingstree's FOIA process and a copy of the Fee Schedule outlining possible charges I may incur as part of this request.

Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Due Date: _____ Response Date: _____

Department(s) Responsible for Responding: _____

Town Attorney Involvement: Yes No

Associated Fees: _____ Paid: Yes No

Notations: _____

**TOWN OF KINGSTREE
FREEDOM OF INFORMATION (FOIA) REQUEST FEE SCHEDULE**

	Basis	Fee:
Search/Retrieval/Redaction Time:	<i>Per Hour</i>	\$17.00
BLACK AND WHITE COPIES <ul style="list-style-type: none"> • 8.5" x 11" • 8.5 x 14" • 11" x 17" 	<i>Per page</i>	0.30 0.35 0.40
COLOR COPIES <ul style="list-style-type: none"> • 8.5" x 11" • 8.5 x 14" • 11" x 17" 	<i>Per page</i>	0.40 0.45 0.50
CD/DVD/THUMB DRIVE	<i>Per storage device</i>	\$10.00
STANDARD MAPS/PLOTS <ul style="list-style-type: none"> • Up to 11" x 17" • Over 11" x 17" 	<i>Per page</i>	0.40 Actual cost incurred by third party to reproduce
PHOTOGRAPHS <ul style="list-style-type: none"> • Digital CD/DVD/Thumb drive Copies • Prints 	<i>Per storage device</i>	\$10.00 reproduction cost from an outside vendor will apply.
POSTAGE/SHIPPING		Postage Rate
CERTIFIED MAIL/RETURN RECEIPT		Certified Mail Rate Return Receipt Rate