



Freedom of Information Act Request Form

Name of Requester: _____

Requesting Organization: _____

Address: _____

Phone Number: _____ Email: _____

Under the South Carolina Freedom of Information Act, I am requesting an opportunity to inspect and/or obtain copies of the following public records:

_____ (Initial) I understand the City of York has 10 business days to respond to requests for records that are less than 24 months old and 20 business days to respond to requests for records that are more than 24 months old.

_____ (Initial) I understand that State law prohibits using personal information for commercial solicitation.

_____ (Initial) I understand there may be costs associated with copies, researching, retrieving and/or redacting records and that I will be notified of any costs prior to fulfillment of this request.

Submit this form to:

Amy Craig, Municipal Clerk

10 N. Roosevelt Street, York, SC 29745