

THE TOWN OF
Batesburg-Leesville

FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

To: Town of Batesburg-Leesville
Town Clerk
P.O. Box 2329
Batesburg-Leesville, SC 29070
Fax 803-532-8453
jedwards@batesburg-leesville.org

From: _____
Name _____
Address _____
City, State, Zip Code _____
Telephone _____

Description of Records requested (please be specific):

Are you asking for these records for a commercial use/purpose? Yes No

Please indicate the format in which you would like the Town to respond to your request. Please know the Town may not be able to accommodate the requested format. Cost from FOIA Fee Schedule may be applied to any of these formats.

Inspection Only Hard Copy Email: _____

Fax: _____ Other Format: _____

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

Signature: _____ Date: _____

For Staff Use Only:

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

Department(s) Responsible for Responding: _____

Town Attorney Involvement: Yes No

Staff Assigned Response: _____

Notations: _____

Associated Fees: _____ Paid: Yes No Waived