FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: Georgetown Police Dept.

2222 Highmarket Street
Georgetown, SC 29440
Email: jdeas@cogsc.com

From: Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Description of records requested:

____**INCIDENT REPORT** ____**ACCIDENT REPORT** ____**OTHER:**_____

INCIDENT LOCATION: _____

INCIDENT DATE AND TIME: _____

PERSONS WHO MAY BE LISTED ON REPORT: _____

_____

OTHER DESCRIPTION OF REPORT: _____

_____

_____

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

Please indicate the format in which you would like the City to respond to your request. Please know the City may not be able to accommodate the requested format. Cost from City FOIA Summary (Rev. April 21. 2006) may be applied to any of these formats.

Inspection Only | Hard Copy | Email: _____ | Digital Format: PDF only

By my signature I hereby state that I have received the City of Georgetown's FOIA process, including the fee schedule (rev. April 21, 2006) outlining possible charges I may incur as part of this request.

Signature: _____ Date: _____

Fee/Rate Summary

	Description	Charge
1.	A minimum charge shall be paid for all requests.	$3.00
2.	Requestors shall pay for copies exceeding fifteen (15) pages	$0.25 per copy
3.	Requestors shall pay for staff search time at a gross hourly rate	$20.00 per hour
4.	Anticipated or apparent staff search time exceeding five (5) hours shall require a deposit	1/2 of estimated costs
5.	Waiver of fees or charges may be waived in whole or part at the discretion of the City Administrator	

For Office Use Only:

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

Department (s) Responsible for Responding: _____

City Attorney Involvement: [ ] Yes [ ] No

City Staff Assigned Response: _____

Notations: _____

_____

Associated Fees: _____ Paid: [ ] Yes [ ] No