FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: City of Georgetown
City Clerk
120 N. Fraser St.
Georgetown, SC 29440
Email: amercer@cogsc.com

From: _____
Name
_____
Address
_____
City State Zip
E-mail_____
Phone_____

Description of records requested:

_____
_____
_____
_____
_____
_____
_____

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