



## FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

**To:** Georgetown Police Department  
ATTN FOIA COMPLIANCE  
2222 Highmarket Street  
Georgetown, SC 29440  
Email: GPDFOIARequest@cogsc.com

**From:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

### DESCRIPTION OF RECORDS REQUESTED

\_\_\_\_ Incident Report      \_\_\_\_ Traffic Accident Report      \_\_\_\_ Other \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Incident Date and Time:** \_\_\_\_\_

**Persons who may be listed on the report:** \_\_\_\_\_

\_\_\_\_\_

**Other description of the 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 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 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: \_\_\_\_\_

City Staff Assigned Response: \_\_\_\_\_

Notations: \_\_\_\_\_

Associated Fees: \_\_\_\_\_      Paid:  Yes     No