



South Carolina Freedom of Information Act Request for Board/Office of _____

Your Name _____

Your Address _____

Your Email _____

Your Phone Number _____

Date _____

Dear LLR:

Under the South Carolina Freedom of Information Act, I am requesting the following information:

I prefer receiving this information by _____Mail _____Email.

_____ I understand if my request for copies of documents exceeds 50 pages, I will be assessed a fee of 15 cents per page, and I agree to pay that cost. I also understand that if the request exceeds 100 pages, I may be required to pay a deposit before documents are copied.

Sincerely,

Printed Name