

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/FOIA	10-29-10

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100198	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	CC: Singleton, Stensland Mrs. Forlun 	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 11-15-10 <input type="checkbox"/> I Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From: Jeff Stensland
To: Jan Polatty
Date: 10/29/2010 12:23 PM
Subject: Fw: FOIA - Records for Gunjit Rick Singh
Attachments: FOIA - Records for Gunjit Rick Singh

*Log Myra
c: Sanyukta
Stensland
EF*

RECEIVED

OCT 29 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Caroline Love <cvlove@gmail.com>
To: <stensland@scdhs.gov>
Date: 10/29/2010 10:35 AM
Subject: FOIA - Records for Gunjit Rick Singh

RECORDS REQUEST

Dear Mr. Stensland,

This email is in reference to our meeting and phone call yesterday afternoon.

Pursuant to the state open records act, I request access to and copies of any and all records of complaints or other documents referencing suspicion of misconduct for G. R. Singh, a dentist practicing at two locations in Lexington, SC.

The records may be under some form of his full name, Gunjit Rick Singh.

I agree to pay a reasonable duplication fee for the processing of this request.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act.

Thank you for your assistance.

Sincerely,

Caroline Love

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Caroline V. Love
803-917-5813
cvlove@gmail.com

RECEIVED

OCT 29 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR



TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____