

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/FcIA</i>	DATE <i>10-29-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100198</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland Ms. Forliver</i>	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-15-10</i> <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 Mgr
c: Smelter
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: _____