



# Freedom of Information Act Request Form

City of Goose Creek - Kelly Lovette, City Clerk  
Post Office Drawer 1768 - Goose Creek, SC 29445  
843-797-6220 Ext. 1113

The City of Goose Creek, South Carolina (the "City") has adopted "Policy Regarding Requests for Public Records Under the Freedom of Information Act" (the "Policy"). Pursuant to the Policy, requests for information made under the Freedom of Information Act, now codified as 30-4-10 *et seq.* of the Code of Laws of South Carolina, 1976, as amended (the "FOIA") shall be made using this form. This form must be signed and submitted by way of one of the following:

In Person: City Hall, Office of the City PIO, 519 North Goose Creek Boulevard, Goose Creek, SC  
US Mail: City of Goose Creek, Attn: Kelly Lovette, City Clerk, P.O. Drawer 1768, Goose Creek, SC 29445  
Facsimile or Email: (843) 863-5208 OR [klovette@cityofgoosecreek.com](mailto:klovette@cityofgoosecreek.com)

Date of Request: \_\_\_\_\_ Name of Person Making Request: \_\_\_\_\_

Name of Agency/Firm or Organization Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Information Requested (*please be as specific as possible*). You may attach additional pages as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the format in which you would like a response:

- Email Electronic Copies     Fax (Under 20 Pages)     Will Pick Up     Mail Hard Copies

\_\_\_\_\_ I request certification of the copies provided. I agree to pay \$1.00 for each additional document certified.

**Please be advised that under the South Carolina Code of Laws, SECTION 30-2-50, Disclosable personal information, commercial solicitation use, local government, Section (B) "all persons who obtain records pursuant to this chapter that obtaining or using public records for commercial solicitation directed to any person in this State is prohibited."**

By signing below, you hereby acknowledge that you completely read and fully understand the information obtain via this FOIA request will not be used for solicitation.

Requestor Signature: \_\_\_\_\_

*Under this Policy, the City has duly adopted the fee schedule set forth below for copies and for staff assistance in searching for/or providing requested information.*

	Minutes/Hours	x Rate	Cost
<b>Search/Retrieval Time</b>		\$10/hour	
<b>Copies:</b>	<b>Number of Pages:</b>	<b>Unit Price (1 Pg. = 1 Unit):</b>	
Paper Records/Standard Reports		\$0.15/page	
PDF		Free	
Microfiche/Microfilm Copies		\$0.15/page	
Audio/Video Cassette Copies		\$10.00/each	
CD/DVD		\$3.00 each	
Standard Maps/Plots up to 11" x 17"		\$.50/each	
Standard Maps/Plots Larger than 11" x 17"		\$5.00/each	
Police Reports		\$5.00 (No Charge for Victim)	
<b>Postage/Shipping (USPS/FEDEX/UPS)/Email (PDF)</b>			
<b>PDF's</b>			
<b>TOTAL COST</b>			

### FOR OFFICE USE ONLY

Assigned FOIA # \_\_\_\_\_ Date Request Received: \_\_\_\_\_ By: \_\_\_\_\_

Response Notice Due Date: \_\_\_\_\_ Forwarded to Department/Employee: \_\_\_\_\_

First Response Date: \_\_\_\_\_ Notification fees/document ready date: \_\_\_\_\_ Notification of Denial Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Fee for Services: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Staff Signature: \_\_\_\_\_