



Oconee County Sheriff's Office
415 South Pine Street
Walhalla, SC 29691
Dispatch: 864-638-4111

FREEDOM OF INFORMATION ACT REQUEST FORM

To: Oconee County Sheriff's Office

Your Name: _____

Your Address: _____

Your E-mail: _____

Your Phone Number(s) (Daytime): _____

PLEASE STATE WHAT PUBLIC RECORDS YOU ARE REQUESTING AND INCLUDE THE FOLLOWING: ADDRESSES, SPECIFIC DATES AND TIMES OR A DATE RANGE, AND/OR NAME(S), ETC.

I REQUEST THE FOLLOWING INFORMATION UNDER THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT:

<p><u>Fee Schedule:</u></p> <p>Paper Copies of Reports: \$.50 Cents a Copy</p> <p>Flash Drives/CD's/DVD's used for Downloads: \$5 each</p> <p>\$18.96 an hour for search, retrieval and redaction time</p> <p><u>The Sheriff's Office bills only for its costs to fulfill each request. Payment is required in full before the public records are released.</u></p>	<p>Driver's License/ID# _____</p> <p>Amount Due/Collected _____</p> <p>Signature of Employee Releasing Records: _____</p> <p><u>Effective May 19th, 2017, it is a crime to knowingly obtain or use personal information from a public body for commercial solicitation: S.C. Code Ann. § 30-2-50</u></p>
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SIGNATURE OF RECIPIENT

DATE