



City of Tega Cay

FREEDOM OF INFORMATION (FOIA) REQUEST

Date of Request: _____ Person Submitting Request: _____

Mailing Address:

Requestor's Address

City

State

Zip Code

Telephone Number(s) for Contact: _____

Email Address for Contact: _____

Description of Public Records Requested:

I would prefer to receive the information via:

Email Pick-up at City Hall Pick-up at Tega Cay Police Dept. Mail

- I understand that obtaining or using public records for commercial solicitation directed to any person in this State is prohibited under South Carolina Code Section 30-2-50.
- I also understand that the City of Tega Cay has ten (10) days, excluding weekends and City Holidays, in which to respond (20 days if requested material is over 24 months old) and that I could be charged a fee to recover the labor costs of the personnel responding to the request (If a fee is required, charges will be estimated and provided in advance.)

Signature

RETURN COMPLETED FORM VIA E-MAIL, MAIL, FAX OR HAND DELIVERY TO:

Sylvia Szymanski, Municipal Clerk

7725 Tega Cay Drive, Tega Cay, SC 29708

Telephone (803) 548-3512 Fax: (803)548—1400 Email: sszymanski@tegacaysc.gov

OFFICE USE ONLY

Date Request Received by Clerk's Office: _____ Date Due: _____

Request Received: Via E-Mail Via Drop-off at City Hall Via Mail Via Fax

Person & Department Receiving Request: _____

Response Type: Granted Partial Denied Extension Requested & Date: _____

Initial Response Provided Date: _____ Additional Response Provided Date: _____

Specific Information Provided: _____ Specific Charges and Payment: _____