

CITY OF TEGA CAY
FREEDOM OF INFORMATION (FOIA) REQUEST

Date of Request: _____ Person Submitting Request: _____

Mailing Address:

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) for Contact: _____

Email for Contact: _____

Description of Public Records Requested:

I would prefer to receive the information via:

E-MAIL PICK-UP AT TEGA CAY 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 10 business days to respond or 20 days if the requested record is more than 24 months old. I could be charged a fee of \$0.15 per copy plus the hourly rate necessary 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 and/or a 25% deposit may be required).

_____ Signature

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

Katie Poulsen, Assistant City Manager/ Interim Municipal Clerk

7725 Tega Cay Drive, Tega Cay, SC 29708

Telephone (803) 548-3512 Fax: (803) 548-1400 Email: kpoulsen@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: _____