



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 ten to twenty (10-20) days based on the age of the records, excluding weekends and City Holidays, in which to respond 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:

Katie Poulsen, 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   \_\_\_\_\_ No Records to Provide   \_\_\_\_\_ Extension Requested & Date: \_\_\_\_\_

Initial Response Provided Date: \_\_\_\_\_ Additional Response Provided Date: \_\_\_\_\_

Specific Information Provided: \_\_\_\_\_ Specific Charges and Payment: \_\_\_\_\_