



We Are Columbia

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FREEDOM OF INFORMATION ACT REQUEST FORM

TO: CITY OF COLUMBIA FOIA

YOUR NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE NUMBER (S) (DAYTIME): _____

I REQUEST THE FOLLOWING INFORMATION UNDER THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT. PLEASE INCLUDE NAMES, ADDRESSES, DATES, TIMES, ETC. (Please Print)

COPY FEE SCHEDULE:

\$10.00 per hour for research time

\$ 1.00 per disc

\$.25 per page

We accept cash (Exact Change ONLY) or make checks payable to the City of Columbia.

If the request results in a large volume of documents, requesters will be notified and given an opportunity to narrow their request or will be required to pay a deposit of 50% in advance before the request will be fulfilled.

SIGNATURE