

FY# _____
For Office Use

(FILING FORM)
FREEDOM OF INFORMATION ACT REQUEST

TO: CITY OF COLUMBIA
(PLEASE PRINT)

NAME: _____

ADDRESS: _____

E-mail address: _____

PHONE NUMBER(S) (DAYTIME): _____

**I REQUEST THE FOLLOWING INFORMATION UNDER THE SOUTH
CAROLINA FREEDOM OF INFORMATION ACT. (PLEASE BE SPECIFIC).**

INDIVIDUALS FILING FOIA REQUESTS ARE ASKED TO USE THE CITY'S FOIA REQUEST FORM OR SUBMIT A LETTER. ALL REQUESTS ARE TO BE SIGNED. REQUESTS ARE TO BE **FAXED** (803-343-8719), **MAILED** (CITY OF COLUMBIA ATTN: PUBLIC RELATIONS DEPT. PO BOX 147 COLUMBIA, SC 29217) OR **HAND-DELIVERED** (1737 MAIN STREET (CITY HALL-CORNER OF MAIN AND LAUREL STREETS). HAND-DELIVERED REQUEST SHOULD BE LEFT WITH CSO (SECURITY OFFICER) LOCATED IN THE FRONT ENTRANCE (MAIN & LAUREL STREETS) OF CITY HALL.

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THE PUBLIC BODY MAY ESTABLISH AND COLLECT FEES NOT TO EXCEED THE ACTUAL COST OF SEARCHING FOR MAKING COPIES OF THE RECORD.

A PRE-PAID DEPOSIT MAY BE REQUIRED BEFORE SEARCHING FOR OR MAKING COPIES OF THE RECORDS.

SIGNATURE