

FOIA REQUEST FORM

This is a sample form that may be printed out and used to submit requests for public records from the Sumter County Sheriff's Office. This form is suggested, but not required. Whether using this form or any other written request format, providing as much information as possible about the public records you are seeking will facilitate SCSO's ability to completely respond to your request. Requests for public records may be sent to: Sumter County Sheriff's Office, ATTN: Public Information Office [or Legal Division], P.O. Box 430, 1281 North Main Street, Sumter, SC 29151-0430.

PURSUANT TO S.C. CODE §30-2-50, OBTAINING OR USING PUBLIC RECORDS FOR COMMERCIAL SOLICITATION DIRECTED TO ANY PERSON IN THE STATE OF SOUTH CAROLINA IS PROHIBITED, AND IS PUNISHABLE BY A FINE OF UP TO \$500 AND IMPRISONMENT UP TO ONE YEAR, OR BOTH.

Pursuant to S.C. Code §30-3-40, the South Carolina Freedom of Information Act (SC FOIA) I am requesting copies of the following public records:

(Note: Data recorded by a body-worn camera is not a public record subject to disclosure under the Freedom of Information Act. S.C. Code §23-1-240(G)(1).)

NAME OF SUBJECT/SUSPECT ON RECORDS BEING SOUGHT _____

DATE OF BIRTH AND/OR AGE OF SUBJECT/SUSPECT _____

INCIDENT LOCATION _____

INCIDENT DATE (OR DATE RANGE) _____

(Note: Records older than two years may result in a longer response time and a longer record production time.)

NAME(S) OF OTHER PERSON(S) INVOLVED, IF KNOWN (e.g., victims, witnesses, complainants, etc.) _____

NAME AND ADDRESS OF PERSON/ENTITY MAKING REQUEST:

CONTACT PHONE NUMBER FOR QUESTIONS ABOUT REQUEST _____

Some records may be available in electronic format. If you wish to receive records in electronic format, depending upon their electronic availability, please provide an email address.

**ANY PERSONAL INFORMATION OBTAINED PURSUANT TO THIS REQUEST
WILL NOT BE USED FOR COMMERCIAL SOLICITATION DIRECTED TO ANY
PERSON IN THE STATE OF SOUTH CAROLINA.**

Date

Signature

OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

REFERRED TO: _____
(division)

INITIAL RESPONSE SENT: _____

DATE RECORDS PROVIDED: _____

(Attach copies of response(s) and description of records provided)