



FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: City of Cayce
City Clerk's Office
1800 12th St
Cayce, SC 29033
Fax 803-796-9072
mcorder@cityofcayce-sc.gov

From: _____
Name

Address

City, State, Zip Code

Telephone

Description of records requested
(please be specific):

Are you asking for these records for a commercial use/purpose? Yes No

Please indicate the format in which you would like the City to respond to your request. Please know the City may not be able to accommodate the requested format. Cost from Fee Schedule may be applied to any of these formats.

Inspection Only Hard Copy Email: _____
 Fax: _____ Other Format: _____

By my signature, I hereby state that I have reviewed information about the City of Cayce's FOIA process and a copy of the Fee Schedule outlining possible charges I may incur as part of this request.

Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Due Date: _____ Response Date: _____

Department(s) Responsible for Responding: _____

City Attorney Involvement: Yes No

City Staff Assigned Response: _____

Notations: _____

Associated Fees: _____ Paid: Yes No