



FOI Request Form

Return Via Mail:
Fourth Circuit Solicitor's Office
ATTN: FOI REQUEST
P.O. Box 616
Bennettsville, SC 29512
Return Via Email:
sherriebaugh@solicitor4.com

Date of Request: _____

Name (first, last): _____

Mailing Address: _____

Daytime Phone: _____

Email Address: _____

Information Requested:
**be very specific.* _____

In accordance with Section 30-2-50, by signing this form I am acknowledging that I will not knowingly obtain or use any personal information obtained from a state agency for commercial solicitation directed to any person in this state. Should I violate this provision, I will face a misdemeanor conviction and will be fined an amount not exceeding five hundred dollars or imprisoned for a term not to exceed one year, or both.

Signature: _____ Date: _____

Date received in office: _____
Office Representative: _____
Total Amount of Fee: _____
Deposit Rec'd Date/Initial: _____

Date of Completion: _____
Final Pmt Rec'd Date/Initial: _____
Mailed: _____