

FOURTH CIRCUIT SOLICITOR'S OFFICE

FOIA REQUEST FORM



Date of Request: _____

Name (first, last): _____

Mailing Address: _____

Daytime Phone: _____

Email Address: _____

**REQUIRED*

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: _____

Please Return Completed Form Via Mail:

*Fourth Circuit Solicitor's Office
ATTN: FOIA REQUEST
P.O. Box 594
Chesterfield, SC 29709*

Via Email: info@solicitor4.com

Date Rec'd in office: _____

Office Representative: _____

Total Amount of Fee: _____

Deposit Rec'd Date/Initial: _____

Date of Completion: _____

Final Pmt Rec'd Date/Initial: _____

Mailed: _____