

**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](mailto: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: \_\_\_\_\_