

NEWBERRY COUNTY SHERIFF'S OFFICE

FREEDOM OF INFORMATION ACT REQUEST FORM

The South Carolina Freedom of Information Act is found in South Carolina Law Title 30 Chapter 4. It is the belief and practice of this agency that the public is entitled to know the activities of government agencies. It is our intent to comply with this law and create an environment of information sharing with the public to establishment partnerships with the citizens we serve.

The Newberry County Sheriff's Office has established fees for the production of records in accordance with the South Carolina Freedom of Information Act. Those fees are posted at the Newberry County Sheriff's Office and indicated on this form. Please complete as much of the information below as possible to aid us in responding to your request.

ALL INFORMATION MUST BE PRINTED/TYPED AND LEGIBLE

Information Requested				
Date of Request:				
If more than one document is being requested, Incident Report (\$5.00/report) Local Criminal Records Check (Newberry County Only, \$15.00 per hist		911 Tapes (\$10.00 per Incia stimates Provid	
Please provide as much information as po delay in our response.	ssible to aid	us in our s	earch as to	avoid unnecessary
Records Requested: (If additional space is need,	continue on pa	ige 2 or attach	additional sh	eets if needed.)
Date this happened:	If known pro	wide the She	riff's Office C	`aso #:
Where did this have and				
•••				
Who was Involved:				
Provide as much of the following information as	•	•		
Address: Sex:	City:		State:	_ Zip:
Please give any additional information about th	e request that	may aid in o	ur search:	
Requestor's Information				
Person Making Request:				
Address:	City:		State:	Zip:
Best Telephone Contact Number:		il Address:	·	
You must read the following and check the South Carolina Code of Laws Section using public records for the purpose of section further makes it the duty of the is unlawful. By checking this box, you a	30-2-50 expre f commercial public body to	ssly prohibits solicitation to notify all rec	s all requesto o any persor questors that	ors from obtaining or n in this State. This any such solicitation

penalty if you violate this section of law.

THIS FORM CONTINUES ON PAGE 2.

NEWBERRY COUNTY SHERIFF'S OFFICE FREEDOM OF INFORMATION ACT REQUEST FORM (Continued)

Pursuant to the South Carolina Freedom of Information Act, the agency has ten (10) working days to respond to the request. Additional delays will be documented in writing to the requestor along with the reason for the delay in the production of records. Certain information may be redacted from the information you receive. If information is redacted or denied, specific sections of the law will be cited in the response to justify such redaction or denial.

This form may be submitted in the following manners:

In person:	Newberry County Sheriff's Office of 550 Wilson Rd, Newberry	luring normal business hours. Monday - Friday, 8:30am - 5:00pm			
Mailed:	Newberry County Sheriff's Office PO Box 247 Newberry, SC 29108-0247				
	Please mark on the envelope: "FOIA REQUEST"				
Faxed:	(803) 321-2173				
Email:	FOIA@ncso.sc.gov				

To expedite the process, it is suggested that those requests made in person or by mail include the anticipated payment. If the amount is more than the amount submitted additional amounts will be billed. If the amount is less than submitted, a refund will be issued. Those submitting a request by fax or email will receive notification that the request has been fulfilled within compliance of the law including a cost for the search and production of the records. The requested information will be provided upon payment of those fees.

Payment must be in cash or Money Order. NO Personal Checks. Businesses may pay by Business Checks with prior approval. The requested copy(s) will be forwarded upon receipt of payment.

If you have any questions or need further assistance, please contact our office at (803) 321-2211 or email at FOIA@ncso.sc.gov.

If needed, use the space below to continue information from Page 1 that may aid in our search:

FOR SHERIFF'S OFFICE USE ONLY											
Date Request Receive	ed:	Submitted by:	In person	Mailed	Faxed	Emailed					
Date Payment Received:		_ Amount Due:		Method of Payment:							
Case #s:											
CAD #:	Start: Date	Time	En	d: Date		Time					
Records Released By: D		Date of R	elease:								