



SHARON S.C.

FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: Town of Sharon
PO Box 186
Sharon SC 29742
Email: townofsharon@comporium.net

From: _____
Name _____
Address _____
City, State, Zip Code _____
Telephone _____
E-mail _____

Description and time frame for the records requested (you may supplement this request with additional pages):

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

(A person or private entity shall not knowingly obtain or use any personal information obtained from a local government for commercial solicitation; a person who knowingly violates this section is guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed five hundred dollars \$500 or imprisoned for a term not to exceed one year, or both. See SC Code § 30-2-50(a))

Please indicate the format in which you would like the Town to respond to your request. Please know the Town may not be able to accommodate the requested format. An additional cost may be associated with any of these formats. The balance of the total cost of research is due at the time the request is fulfilled. The various responses, determination, and production deadlines are subject to extension by written mutual agreement of the Town of Sharon and the requesting party, and this agreement shall not be reasonably withheld.

Inspection Only Hard Copy Email: _____

Fax: _____ Other Format: _____

Signature: _____ Date: _____

For Office Use Only:

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

Department(s) Responsible for Responding: _____

Town Attorney Involvement: Yes No

Town Staff Assigned
Response: _____

Notations: _____

Associated Fees: _____ Paid: Yes No