



**CITY OF HARTSVILLE, SOUTH CAROLINA  
FREEDOM OF INFORMATION REQUEST FORM**

NAME \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

STREET ADD: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADD: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE# \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

A. INFORMATION SOUGHT/REQUESTED (be as specific as possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. SIGNATURE \_\_\_\_\_

**CITY CLERK'S OFFICE USE ONLY:**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ DEPT. \_\_\_\_\_

DATE RESPONSE DUE \_\_\_\_\_ (15 WORKING DAYS FROM SUBMISSION)

SENT TO DEPT. \_\_\_\_\_ ON \_\_\_/\_\_\_/\_\_\_ DUE BACK TO CITY CLERK \_\_\_/\_\_\_/\_\_\_

**CITY CLERK DETERMINATION:** (DOES REQUEST CLASSIFY AS PUBLIC INFORMATION.)

YES \_\_\_ NO \_\_\_ PER CODE SECTION 30-4-30 SIGNATURE OF CITY CLERK \_\_\_\_\_

**CHARGES:**

SEARCH/PREP @ WAGE AS SHOWN ON PAGE 2 \_\_\_\_\_

MAIL @ POSTAGE RATE \_\_\_\_\_

PRE-PRINTED/COPY/FAX @ .25 PER PAGE \_\_\_\_\_

REPRODUCTIONS @COST \_\_\_\_\_

TOTAL \_\_\_\_\_

PAID \_\_\_\_\_ DATE \_\_\_\_\_

DATE REQUEST ANSWERED: \_\_\_\_\_ BY: \_\_\_\_\_

**Please sign and return to: City of Hartsville, Attn: City Clerk, PO Drawer 2497, Hartsville, SC 29551-2497, fax to 843.917.0581, email city.clerk@hartsvillesc.gov. For more information, call 843383.3018.**