



South Carolina Department of Consumer Affairs

293 Greystone Blvd., Ste 400 • PO Box 5757 • Columbia, SC 29250-5757
(800) 922-1594 • www.consumer.sc.gov



Freedom of Information Act Request Form

Unless otherwise indicated, you must provide us with the following information for your request to be processed.

Date: _____ Name: _____ Organization: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

I'm requesting: specific documents file review

Time period for records/ file review requested: 24 months or less greater than 24 months

Identify the records as clearly and specifically as possible. Please provide information that would be helpful in identifying and locating the requested records, such as document title, subject, publication date(s), office/bureau, docket number(s), and any other identifying information.

Family Privacy Protection Act Statement

The Family Privacy Protection Act, S.C. Code Section 30-2-50, prohibits any person or private entity from knowingly obtaining or using any personal information obtained from our agency for commercial solicitation directed to any person in this State. Violation of this law is a crime.

I have read and understand the Family Privacy Protection Act statement. I am not requesting, nor will I use, information received for commercial solicitation purposes. I Agree

How do you prefer to receive the information? Email US Postal Mail

Please specify the maximum search fee the person making this request is prepared to pay: \$ _____

Submit requests to scdca@scconsumer.gov • (803) 734 - 4060 (FAX)
Public Information, P.O. Box 5757 Columbia, SC 29250-5757

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Date completed: _____ Time expended: _____ Cost: _____

Services rendered: Scans: _____ Hard copies: _____ Digital Media: _____

Other: _____

Delivery: Pick up Email Mail Other: _____ Total cost: _____