

FOIA FILE # _____



City of Newberry, South Carolina
FREEDOM OF INFORMATION REQUEST FORM

NAME _____ DATE: ____/____/____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE #: _____ FAX #: _____

ARE THESE RECORDS FOR A COMMERCIAL USE/PURPOSE? YES NO

A. PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THIS INFORMATION:

- INSPECTION AT CITY HALL
HARD COPY FOR PICKUP
HARD COPY BY MAIL (WILL BE SENT TO ADDRESS ABOVE)
EMAIL (WILL BE SENT TO ADDRESS ABOVE)
FAX (WILL BE SENT TO NUMBER ABOVE)
OTHER _____

B. INFORMATION SOUGHT/REQUESTED (be as specific as possible):

PURSUANT TO § 30-2-50 OF THE CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED, YOU ARE PROHIBITED FROM KNOWINGLY USING PUBLIC RECORDS OBTAINED FROM THE CITY OF NEWBERRY FOR COMMERCIAL SOLICITATION. VIOLATION OF THIS LAW IS PUNISHABLE BY LAW AS A MISDEMEANOR, RESULTING IN UP TO A YEAR IN PRISON OR A FINE NOT TO EXCEED \$500. MY FILING OF THIS REQUEST CONSTITUTES ACKNOWLEDGMENT OF THIS PROHIBITION.

C. APPLICANTS SIGNATURE: _____ Date: _____

The City Code can be viewed at no charge here: https://library.municode.com/sc/newberry /codes/code_of_ordinances

OFFICE USE ONLY:

Date Received _____ By _____ DEPT. _____ Date Response is Due _____

Production Due: _____ Sent to DEPT. _____ On ____/____/____ Due Back to Clerk ____/____/____

Estimated Cost: _____ Deposit Amount: _____ Deposit Received: _____

Date Request was Answered: _____ By: _____

DETERMINATION: (DOES REQUEST CLASSIFY AS PUBLIC INFORMATION.)

YES ___ NO ___ PER CODE SECTION 30-4-30

SIGNATURE OF MUNICIPAL CLERK _____

Please sign and return to: municipalclerk@cityofnewberry.com, City of Newberry, Attn: FOIA Requests, PO Box 538, Newberry, SC 29108 or fax to (803) 321-2609. For more information, email municipalclerk@cityofnewberry.com or call (803) 321-1000.