

## FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To:	City of Sumter Administration Office Mailing Address: P.O. Box 1449, Sumte Physical Address: 21 N. Main Street, Su <u>foia@sumtersc.gov</u>		Name Address City, State, Zip Code Telephone
Descri	ption of records requested (please	be specific):	
Are you asking for these records for a commercial use/purpose? Yes No Please indicate the format in which you would like the city to respond to your request. Please know that the city may not be able to accommodate the requested format. Cost from the City of Sumter's Freedom of Information Act Fee Schedule may be applied to any of these formats.			
	spection Only ard Copy	Email (print e  Other (please	·
By my signature, I hereby state that I have reviewed information about the City of Sumter's FOIA process and a copy of the Fee Schedule outlining possible charges I may incur as part of this request.			
Signat	ure:	Date: _	
Date Rec	e <b>Use Only:</b> eived: Due Date:		
Department(s) Responsible for Responding: City Attorney Involvement: Yes No			
	Assigned Response:s:		
Associated Fees: Paid:			