



City of Simpsonville Freedom of Information Act Request

Please fill out and email to Justin Lee Campbell, community relations specialist, at jcampbell@simpsonville.com or mail/deliver to the following address:

Attn: Justin Lee Campbell
City Hall
118 N.E. Main St.
Simpsonville, S.C. 29681

Contact Information

Name _____

Agency, firm or organization _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Email Address _____

Date of Request _____

Information Requested (Be as specific as possible; include additional documents if needed.)

Note: Knowingly obtaining personal information from the state or any local government for the purpose of commercial solicitation is a crime.



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Requested delivery (check one): Mail _____ Pick up _____ Email _____

NOTE: I, _____, understand the Freedom of Information Act allows the City of Simpsonville 10 days — excluding Saturdays, Sundays and public holidays — to respond to a request for information. Costs for providing information, including but not limited to making copies, printing and research, will be the responsibility of the person making the request.

Signature

Date

Note: By signing the form, you are acknowledging that knowingly obtaining personal information from the state or any local government for the purpose of commercial solicitation is a crime.

Visit www.scstatehouse.gov for more information about the Freedom of Information Act.



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Internal Use Only: This section to be completed by the City of Simpsonville

Date request received _____ Request received by _____

FOIA Response determining availability of records and notice of any exemptions due

-10 business days from date of receipt of FOIA for records less than 24 months old

-20 calendar days from date of receipt of FOIA for records more than 24 months old

Written FOIA response provided to requestor on _____ by _____

A deposit equal to 25 percent of the anticipated cost for reproduction of the records is required for search and retrieval time and/or the number of pages printed or copied. The balance must be paid at time of delivery.

Estimated cost (see fee schedule) _____ Deposit amount _____

Deposit received on _____ by _____

-Non-applicable

Production of documents due _____

-30 business days after receipt of deposit for records less than 24 months old

-35 calendar days after date of receipt of deposit for records more than 24 months old

-Non-applicable

Information reviewed by _____

Non-applicable

Date information provided to requestor _____

Non-applicable

FULFILLED: _____

DENIED: _____

CANCELLED: _____

OTHER: _____

Staff Signature: _____ Date: _____



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Fee Schedule

Search/Retrieval Time	Minutes/Hour	x Rate	= Cost
The fee for the search, retrieval, redaction or scanning of records will equal the hourly wage of the lowest paid employee who can fulfill the request.			
Copies	Number of Copies	x Rate	= Cost
If an electronic version of a record is available, and the requestor elects to receive the record electronically, then there will be no charge for copies.*		\$0.20/page	
Media	Type	Number of Units	= Cost
CD DVD Flash Drive Other			
Postage/Shipping	Type	x Rate	= Cost
	USPS UPS FedEx		
Reports	Number of Reports	x Rate + Printing (\$0.0/page)	= Cost
Incident Reports** (Simpsonville Police Department)		\$5/report	
Accident Reports (Simpsonville Police Department)		\$5/report	
Local Criminal History Check (Simpsonville Police Department)		\$6/report	
TOTAL COST			

*Please note that if the requested records are not in an electronic form, and our office agrees to transfer the documents to an electronic format, then there will be a charge for the staff time required to transfer the documents to an electronic format.

**Victims of a crime can receive an incident report at no charge but must pick the incident report up at the Simpsonville Police Department at 405 E. Curtis St., Simpsonville, S.C. 29681.