



Freedom of Information Act Request Form

The Town of Lake View recognizes the South Carolina Freedom of Information Act (South Carolina Code 30-4-10) enacted by the South Carolina General Assembly that gives every citizen the right to access government meetings, documents and records. By standardizing the Town's procedures for processing Freedom of Information Act (FOIA) requests and establishing reasonable fees for such request, the Town of Lake View will ensure its compliance with FOIA and its intended goal of transparency of Town operations and policies.

All requests for information pursuant to the South Carolina Freedom of Information Act (FOIA) must be made in writing and submitted in person, by mail, email or fax to the Town of Lake View. To ensure accuracy in the Town's response, all requests should be as descriptive as possible. In accordance with FOIA, the Town of Lake View must respond to a written request within ten (10) working days.

Please complete the information below and submit by way of one of the following:

- In Person: Lake View Town Hall, 201 N. Main Street, Lake View, SC 29563
- USPS: Town of Lake View, P.O. Box 824, Lake View, SC 29563
- Facsimile or Email: (843) 759-9056 OR agarris@townoflakeviewsc.org
- Date of Request: _____
- Name of Person Making Request: _____
- Name of Agency/Firm or Organization Business: _____
- Address: City: _____ State: _____ Zip: _____
- Phone Number: _____
- Email: _____
- Information Requested (*please be as specific as possible*). You may attach additional pages as needed.

- Please indicate the format in which you would like a response:
 - ☐ Email Electronic Copies
 - ☐ Fax (Under 20 Pages)
 - ☐ Will Pick Up
 - ☐ Mail Hard Copies

By my signature, I hereby state that I have received information about the Town of Lake View's FOIA process and a copy of the Fee Schedule outlining possible charges I may incur as part of this request.

Requestor Signature: _____

FOR OFFICE USE ONLY

Date Request Received: _____ By: _____

Response Notice Due Date: _____ Forwarded to Dept/Employee: _____

First Response Date: _____ Notification fees/document ready date: _____

Notification of Denial Date: _____

Reason for Denial: _____

Fee for Services: _____ Date Paid: _____ Method of Payment: _____

Date of Completion: _____ Staff Signature: _____

Town of Lake View

Post Office Box 824 – Lake View, SC 29563

843-759-2861

Freedom of Information Act Request Fee Schedule

Under this Policy, the Town of Lake View has duly adopted the fee schedule set forth below for copies and for staff assistance in searching for/or providing requested information.

Minutes/Hours x Rate Cost			
Search/Retrieval Time		\$28.00/hour	
Copies:	Number of Pages/Items:	Unit Price (1 Pg. = 1 Unit):	
Paper Records/Standard Reports		\$0.75/page	
Color Copies		\$1.00/page	
Audio Recording		\$5.00/each	
CD/DVD/Electronic Media		\$3.00 each	
Police Reports (Incident, CAD, etc.)		\$5.00/each	
Postage/Shipping (USPS/FEDEX/UPS)		Actual Rate	
TOTAL COST			

******Requests which are estimated to require three or more hours of staff time for research will be accompanied by a deposit of 25% to defray costs in the event the requestor fails to pay for copies and wages of the staff collecting and copying the documents. No documents shall be released until such time as the difference is remitted. No FOIA request shall be honored for any person who has failed to reimburse the Town for costs associated with prior FOIA requests until such time as they remit the fees that are in arrears.***