FREEDOM OF INFORMATION
CITY OF ORANGEBURG

Date Received Stamp:

Date of Request: _____

Name of Requesting Party:_____
Address:_____
City, State, ZIP Code:_____
Telephone:_____Email:_____

Information Being Requested:

Fee Schedule:

Simple Freedom of Information- Simple FOI requests	_____copies @ .25
Simple Freedom of Information-Copies of meeting CD/USB	$2.00 each
Simple Freedom of Information-Detailed FOI requests	_____copies @ .25
Detailed FOI requests will include the cost of staff time	TBD
Research	$20.00 per hour
Postage	To be paid by requesting party

I would like the documents produced in the following format: ____Paper _____Electronic (if available)

CONTACTS FOR FOI REQUESTS

Department of Public Safety–Jennifer Haig	**jennifer.haig@orangeburgdps.org**
All Other Requests–Jennifer Van Cleave	**jennifer.vancleave@orangeburg.sc.us**

All FOI requests will be completed as required by State Law in the time frame allowed by State Law. Any questions or concerns of this policy must be submitted to City of Orangeburg in writing.