

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–Judy Jones | judy.jones@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.