



FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

Name: _____ Date: _____

Address: _____

City, State, Zip: _____ Phone: _____

Description of records requested (please be specific as possible):

Are you asking for these records for a commercial use/purpose? Yes No

Please indicate which format you would like Town to respond to your request.

Inspection only Hard copy Email: _____

Fax: _____ Other format: _____

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

Signature: _____ Date: _____

Please submit to: Town of Chapin, Attn: Director of Communications, PO Box 183, Chapin, SC 29036

Fax: 803.345.0427 Email: karen@chapin-sc.com

For Office Use Only:

Date Received: _____ Due Date: _____ Response Date: _____

Department responsible for responding: _____ Staff Person _____

Town Attorney involved: Yes No Staff time to process: _____

Notes:

Associated fees: _____ Paid: Yes No

Copy of Driver's License Yes No



FEE SCHEDULE (Effective July 1, 2014)

Miscellaneous Fees

ITEM/DESCRIPTION	BASIS	FEE	QUANTITY
PRINTING, REPRODUCTION, DOCUMENTS			
BLACK & WHITE COPIES (8.5 X 11")	Per page	\$0.25	
COLOR COPIES	Per page	\$0.35	
B&W COPIES LARGER THAN 8.5 X 11"	Per page	\$0.30	
CD COPY	Per disc	\$10.00	
STAFF TIME FOR RESEARCH, COPIES, REVIEW*	Per hour	\$30.00	
INFORMATION PROVIDED BY FAX	Per page	\$1.00	

* Minimum of ½ hour for staff time charged. Postage will be in addition to above charges.

Police Fees

ITEM/DESCRIPTION	BASIS	FEE	QUANTITY
FINGERPRINTING			
CIVILIAN – RESIDENT	Per set	\$5	
CIVILIAN – NON RESIDENT	Per set	\$5	
OFF-DUTY POLICE OFFICER	Per set	\$5	
POLICE REPORTS			
POLICE REPORT COPY FEE (NO FEE FOR VICTIM)	Per report up to 3 pgs	\$3.00 + .25 cents per page above 3	
ACCIDENT REPORT	Per report up to 3 pgs	\$3.00 + .25 cents per page above 3	