



## FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: City of Cayce  
City Clerk's Office  
1800 12th St  
Cayce, SC 29033  
Fax 803-796-9072  
mcorder@cityofcayce-sc.gov

From: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Description of records requested  
(please be specific):

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

Please indicate the format in which you would like the City to respond to your request. Please know the City may not be able to accommodate the requested format. Cost from Fee Schedule may be applied to any of these formats.

Inspection Only  Hard Copy  Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_  Other Format: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only:

Date Received: \_\_\_\_\_ Due Date: \_\_\_\_\_ Response Date: \_\_\_\_\_

Department(s) Responsible for Responding: \_\_\_\_\_

City Attorney Involvement:  Yes  No

City Staff Assigned Response: \_\_\_\_\_

Notations: \_\_\_\_\_

Associated Fees: \_\_\_\_\_ Paid:  Yes  No