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COUNTY OR BEST REST

Clarendon County Freedom of Information Act Request Form 411 Sunset Dr. Manning SC 29102 info@clarendoncountygov.org

Date of Request	/	/

RENDS			
Name			
Address			
		Zip	
Phone		_Alternate	
Information Requested (p	lease be as specific as	possible)	
		Laws, 1976, as amended, provides as follo	
records. Documents may be determines that waiver or r	be furnished when appro- eduction of the fee is in trate for making records	to exceed the actual cost of searching for an opriate without charge or at a reduced charm the public interest. The custodian of the available to the public and may receive a rethe records.	ge when the agency public records may
	FOR OF	FFICE USE ONLY	
Request Assigned to:		_Date of Completion:	
Date of Assignment:		<u> </u>	
Comments:			
Fee for services rendered:	\$		
Method of Payment:		PAID	
*All copies are .25 per cop	y- Cash or Money Ord	ler accepted. (No personal Checks Accep	oted)