Greenville County

RECORDS MANAGEMENT SERVICES DIVISION

FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Request:________________

Name: ____

Street Address: ____

City: ______________________ State: ______________ Zip Code: _______________________

Phone Number: ____

Signature: ____

Information Requested (please be as specific as possible – **type or print clearly**):

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FOR OFFICE USE ONLY

Date FOIA Form Received:__________Signature of Employee Receipt:_________________

Date Receipt Response Due:_________Date Response Mailed to Requestor: ____________