



## FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: Town of Elgin  
Clerk of Court's Office  
PO Box 277  
Elgin, SC 29045  
Fax 803-408-1155  
[elgin.clerk@townofelginsc.com](mailto:elgin.clerk@townofelginsc.com)

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

Description of records requested:

---

---

---

---

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

Please indicate the format in which you would like the Town to respond to your request. Please know the Town 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 received information about the Town of Elgin's FOIA process and a copy of the Fee Schedule outlining possible charges I may incur as part of this request.

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

---

### For Office Use Only:

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

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

Town Attorney Involvement:  Yes  No

Town Staff Assigned Response: \_\_\_\_\_

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

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