



**FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS**

To: Town of Port Royal  
PO Drawer 9  
Port Royal, SC 29935  
Fax 843-986-2210

[bplank-buccola@portroyal.org](mailto:bplank-buccola@portroyal.org)

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 Port Royal'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