

**TOWN OF PORT ROYAL
FREEDOM OF INFORMATION REQUEST**

(please print)

DATE: _____

Name: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

Phone Number(s) _____

Email _____

Under the Freedom of Information Act (FOIA), I would like to review and/or copy all available files for the following facility:

We will review our files for the exact name(s) provided above. Please be aware that file names used by this office may not be the same name known to you. We accept no responsibility for information filed under other names. This office maintains files necessary to support the ongoing operation of the Town of Port Royal. We offer no guarantee that we have any record of historical or ongoing Town of Port Royal operations.

I HEREBY CERTIFY THAT I HAVE NOT REMOVED, ALTERED OR ADDED ANYTHING TO THE TOWN OF PORT ROYAL FILES.

Signature

Date

Request should be mailed or faxed to the Municipal Clerk, Port Royal Town Hall
PO Drawer 9, Port Royal, SC 29935
Telephone (843) 986-2211; Fax (843) 986-2210

Total number of copies made: _____ Date mailed/picked up: _____

Total research time: _____ Total Cost: _____