

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

(please print)

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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: \_\_\_\_\_

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