



City of Folly Beach, South Carolina Freedom of Information Request Form

Date: _____

Name: _____ Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Information Requested: _____

Preferred Delivery (mail, email, other): _____

Signature: _____

Please sign and return to:
City of Folly Beach
Attn: Colleen Jolley, Municipal Clerk
PO Box 48,
Folly Beach, SC 29439
843-513-1836
cjolley@cityoffollybeach.com

Fee Schedule:

Document Searches/Staff Time

Email and document searches by keyword or topic, document collection, and redactions will incur charges for staff time at employee or contractor's hourly rate of \$15 hr. Any document that contains personal information (social security, tax information, etc.) must be redacted.

Documents & Copies

Specific / Identified readily available items will be produced by email at no charge.

- ❖ Budget
- ❖ Financial Statements
- ❖ City Code
- ❖ Minutes, Ordinances, Resolutions, Building Plans

(All are also available on our website)

Copy Costs:

Any document that must be redacted must be counted as a hard copy, regardless of final delivery format.

- Thumb Drive \$5.00
- Copies \$.25/page
- Maps:
 - 11 X 17 or Larger Printed in B/W on Printer \$.50/page
 - 8 X 14 or Smaller Printed in Color on Printer \$5.00
- Other: Criminal Record Check/ Accident Report/Incident Report \$5.00

OFFICE USE ONLY:

A. Verification

Case #: _____

Date Received by Municipal Clerk: _____

Date Sent to Attorney for Verification: _____

Date Verification Due (10 working days from submission or 20 working days if over 24 months old):

Date Verification Received from Attorney: _____

Determination (does request classify as Public Information): Yes___No___ Per Code Section 30-4-30

If no, briefly explain: _____

Date Verification Sent to Individual by Municipal Clerk: _____

B. Cost Estimate and Deposit

Search/Prep Time @ cost shown on attached fee schedule: _____

Printing/Copying @ cost shown on attached fee schedule: _____

Mail @ Postage Rate: _____ Other: _____

Deposit (25% of estimated cost; final amount billed/adjusted upon completion): _____

Deposit Date: _____ Form of Payment: _____

C. Document Gathering & Attorney Review

Department/Department Head: _____ Date: _____

Date Received by Municipal Clerk: _____

Date Sent to Attorney: _____ Date Received from Attorney: _____

D. Delivery (30 days from verification or 30 days from deposit or 35 days if records are over 24 months old)

Request Completed (number of days and date): _____ Final Cost: _____

Date Paid: _____ Form of Payment: _____ Form of Delivery: _____

Signature of Municipal Clerk: _____