



Folly Beach Public Safety Records Request Form



Name: _____ Date: _____

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

Phone#: _____ Fax#: _____

Email address: _____

Information requested: _____

Signature: _____

Provide as much of the following information as possible if applicable.

Incident report #: _____ Date of Incident: _____

Location of Incident: _____ Type of Incident: _____

Please be aware no reports are released until approval by the reporting officer's supervisor.

There is a \$5.00 fee for all reports for nonresidents. Please sign and mail to Folly Beach Public Safety, Attn: Melissa Gasser, P.O. Box 48, Folly Beach, SC 29439. Enclose a check or money order made out to the City of Folly Beach. If you are a Folly Beach resident, please enclose proof of residency.