



South Carolina Department of Labor, Licensing and Regulation

**Office of Communications**

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**South Carolina Freedom of Information Act (FOIA) Request Form**

FOIA request on Board/Office of: \_\_\_\_\_ Date: \_\_\_\_\_

**Requestor Information:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**\*\* If you are an attorney, please state who you represent as that may determine what information is releasable to you under the law. \_\_\_\_\_**

**FOIA Request:**

**Under the South Carolina Freedom of Information Act, I am requesting the following information:**

**Acknowledgement:**

I understand if my request for copies of documents exceeds 20 pages, I will be assessed a fee of 15 cents per page and I agree to pay the cost. I also understand that I may be required to pay a deposit before documents are copied or transmitted.

\_\_\_\_\_  
Name