



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

Freedom of Information Request Form

Customer Service: (803) 898-3882

Date: _____

Internal request number: _____

Contact information

Name: _____ Company/Organization: _____

Street address: _____ City: _____ State: _____ Zip Code: _____

Phone number: _____ Email address: _____

Request information

I'm requesting: Specific documents File review

Facility or project name: _____

Facility address: _____

County: _____

DPH file custodian/staff contact if known: _____

Description of documents or files requested:

Family Privacy Protection Act statement

The Family Privacy Protection Act, SC Code Section 30-2-50, prohibits any person or private entity from knowingly obtaining or using any personal information obtained from our agency for commercial solicitation directed to any person in the State. Violation of this law is a crime.

I have read and understand this statement. I am not requesting personal information for the purposes of commercial solicitation or in violation of law.

Signed: _____

Submit requests: Email: foi@dph.sc.gov • Fax: (803) 898-3816 • Mail: FOI Office, 2100 Bull St., Columbia, S.C. 29201

Office Use Only: Date completed: _____

Billing info: Research: Time: _____ Cost: _____

Description: _____

Services: Scan #: _____ WebX documents #: _____ Hard copies #: _____ CD duplication #: _____

Other: _____

Delivery options: Pick up Emailed Mailed Other: _____ **Total charge:** _____

Instructions for Completing 2295-ENG-DPH

Purpose: This form is used to obtain records under of the SC Freedom of Information Act.

Audience: Any person seeking review or copies of public records of the Department.

Instructions:

1. Fill out the top portion of the form by providing complete contact information. We may contact you to obtain additional information necessary to fulfill your request. Please provide a telephone number where you can be reached between 8:30 a.m. to 5 p.m., Monday through Friday.
2. Provide as much information about the desired documents as possible.
3. Read and sign the Family Privacy Protection Act statement.

Submit the form: E-mail (foi@dph.sc.gov), fax (803-898-3816) or mail (FOI, 2100 Bull Street, Columbia, SC 29201) completed form to the FOI Office.

Contact Information

For additional information, contact the:
Freedom of Information Center
South Carolina Department of Public Health (DPH)
2100 Bull Street
Columbia, SC 29201
(803) 898-3882