



CITY OF BEAUFORT

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

PLEASE PRINT

YOUR NAME (and business name): _____

YOUR ADDRESS: _____

YOUR EMAIL: _____

YOUR DAYTIME PHONE: _____

Please state what public records you are requesting and include the following: addresses, specific dates and times, or a date range. Please be specific with your request.

I request the following information under the South Carolina Freedom of Information Act:

Mail to the address below OR email to: tguldner@cityofbeaufort.org

Signature _____

Date _____