

Freedom of Information Request Form

ALL SECTIONS MUST BE COMPLETED (INCLUDING SIGNATURES)

Information: (803) 343-0765

CONTACT INFORMATION			
Date:	Name:		
Firm/Company/Organization:			
Address:			
City:	State:	Zip Code:	
Email address:	Pho	one Number:	
REQUESTED RECORDS			
Please provide as much specific detail as possible so the Commission can identify the records you are seeking. You may attach additional pages, if necessary:			
FAMILY PRIVACY PROTECTION AC	T STATEMENT		
The Family Privacy Protection Act, S.C. 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 punishable by a fine not to exceed five hundred dollars or imprisonment for no more than one year, or both.			
I have read and understand this st solicitation or in violation of law.	atement. I am not requestin	ng information for the purposes of commer	cial
Signed:			
CRIMINAL CASE DISCOVERY STA	TEMENT		
		ot to be used by those under criminal charge. Co. v. City of N. Charleston, 363 S.C. 452, 4	
	, challenging, or defending a	sting information for the purpose of obtain any criminal charge(s) against me or agai	
Signed:	 ninal charges and those as	ssisting/representing them should request	t all
NOTE: Persons with pending criminal charges and those assisting/representing them should request all documents through the prosecutor handling the case.			
SUBMISSION			

Please submit your request online (complete this form and hit the "submit" button below) or by printing this form and submitting it via e-mail (to <u>asancho-baker@cpc.sc.gov</u>) or by U.S. Mail to:

> S.C. COMMISSION ON PROSECUTION COORDINATION ATTN: FOIA P.O. BOX 11561 **Columbia, SC 29211-1561**