



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: _____

FOIA Request:

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

I prefer to receive this information by:

Mail

Email

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 if the request exceeds 100 pages, I may be required to pay a deposit before documents are copied or transmitted.

Name