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**CITY OF TEGA CAY  
FREEDOM OF INFORMATION (FOIA) REQUEST**

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Date of Request: \_\_\_\_\_ Person Submitting Request: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Address City State Zip Code

Telephone Number(s) for Contact: \_\_\_\_\_

Email for Contact: \_\_\_\_\_

Description of Public Records Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would prefer to receive the information via:

E-MAIL     PICK-UP AT TEGA CAY CITY HALL     PICK-UP AT TEGA CAY POLICE DEPT.     Mail

- I understand that obtaining or using public records for commercial solicitation directed to any person in this State is prohibited under South Carolina Code Section 30-2-50.
- I also understand that the City of Tega Cay has fifteen (15) days, excluding weekends and City Holidays, in which to respond and that I could be charged a fee of \$0.15 per copy plus the hourly rate necessary to recover the labor costs of the personnel responding to the request (If a fee is required, charges will be estimated and provided in advance.)

\_\_\_\_\_  
Signature

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**RETURN COMPLETED FORM VIA E-MAIL, MAIL, FAX OR HAND DELIVERY:**

Sylvia Szymanski, Municipal Clerk

7725 Tega Cay Drive, Tega Cay, SC 29708

Telephone (803) 548-3512    Fax: (803) 548-1400    Email: sszymanski@tegacaysc.gov

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**OFFICE USE ONLY**

Date Request Received by Clerk's Office: \_\_\_\_\_ Date Due: \_\_\_\_\_

Request Received: \_\_\_ Via E-Mail    \_\_\_ Via Drop-off at City Hall    \_\_\_ Via Mail    \_\_\_ Via Fax

Person & Department Receiving Request: \_\_\_\_\_

Response Type: \_\_\_ Granted    \_\_\_ Partial    \_\_\_ Denied    \_\_\_ Extension Requested & Date: \_\_\_\_\_

Initial Response Provided Date: \_\_\_\_\_ Additional Response Provided Date: \_\_\_\_\_

Specific Information Provided: \_\_\_\_\_ Specific Charges and Payment: \_\_\_\_\_