



City of Chester

Date: _____

Freedom of Information Act Request for Public Records

Please submit all FOIA request for the City of Chester to: City of Chester, City Administrator's Office, 100 West End Street, Chester, SC 29706 RE: FOIA REQUESTS

REQUESTOR INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Email: _____

DESCRIPTION OF RECORDS REQUESTED

Are the records for a commercial use or purpose? ☐ Yes ☐ No

FORMAT OF INFORMATION

Please indicate the format in which you would like the City to respond to your request. Please be advised that the City may not be able to accommodate the requested format. Please consult the fee schedule to determine the cost of each format.

☐ Inspection Only ☐ Hard Copy ☐ Email: _____

☐ Fax: _____ ☐ Other Format: _____

ACCEPTANCE

By my signature, I hereby state that I have received information about the City of Chester's FOIA process and a copy of the fee schedule outlining possible charges I may incur as part of this request including cost for search time, additional copies, format charges (CD or DVD), or postage.

Signature: _____ Date: _____

OFFICIAL USE

Date Received:	Due Date:	Response Date:	Payment Date:
Receipt #:	Amount:	Taken by:	
Payment Type (Check One)	<input type="checkbox"/> MC <input type="checkbox"/> Visa	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/> Money Order
Credit Card/Check /MO#:		Exp. Date:	3Code:
Department Responsible?		City Attorney Involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes: _____