

FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

То:	Town of Port Royal PO Drawer 9	From:				
	Port Royal, SC 29935 Fax 843-986-2210			Name		
For all	ice department: prpd@porother departments: bplank-bription of records requested	uccola@portroy	yal.org	City, State, Zip Code Telephone		
Please	ou asking for these records e indicate the format in wh the Town may not be able be applied to any of these f	ich you would to accommoda	like the Tow	n to respond to y	-	
In	spection Only	Hard Copy	Em	nail:		
Fa	ax: Other F			r Format:		
•	y signature, I hereby state process and a copy of the st.				•	
Signa	Signature:			Date:		
For O	ffice Use Only:					
Date Received: Due Date:				Response Date:		
Depar	rtment(s) Responsible for I	Responding: _				
Town	Attorney Involvement:	Yes	No			
Town	Staff Assigned Response:					
Notat	ions:					
Assoc	ciated Fees:		Paid: Y	es No		

FOIA Request Information

Response and Receipt:

The public body has 10 business days to respond to a written FOIA records request. If a requested record is more than 24 months old, the deadline is 20 business days. The public body is required to produce the requested records within 30 calendar days from the date it initially responds that the request will be fulfilled. When the public body requires a deposit, it must produce the records within 30 days of receiving the deposit. That deadline is 35 days for records that are more than 24 months old.

Payment of Deposit/Fee:

Payment of deposit or fee must be made at the Port Royal Town Hall located at 700 Paris Avenue or by mail. In person payment can be made by cash, credit card, money order or certified check. Mailed payments must include a copy of the invoice with payment by money order, certified check or by submitting a credit card authorization form. No payments will be accepted by phone.