

RICHLAND COUNTY SHERIFF'S DEPARTMENT FREEDOM OF INFORMATION ACT REQUEST

	DATE REQUESTED:			
REQUESTOR NAME:	MIDDLE		LAST	
ADDRESS:	APT. NUMBER	CITY	STATE ZIP CODE	
DAY PHONE NUMBER:		CITI	STATE ZH CODE	
E-MAIL ADDRESS:				
METHOD REQUEST WAS SUBMITTED:	☐ IN PERSON	☐ U.S. MAIL	□ E-MAIL	
RECORDS SOUGHT (please provide as much spesseeking. You may attach additional pages, if necessar		e public body can identify	the information that you are	
CASE/REPORT#	CASE/REPORT	TYPE		
ADDITIONAL INFORMATION (Please include all Pertinent information such as DATE OF BIRTH,	SOCIAL SECURITY NUMBER et	that can assist in expediting this	request)	
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Pursuant to SC Code Section 30-2-50, obtaining or u solicitation of any person in this State is prohibited b distribute personal information obtained from a publ	y law and subject to criminal	penalty. No person or pri		
IS THIS REQUEST BEING MADE FOR A COM	IMERCIAL PURPOSE:		NO	
PLEASE RETURN YOUR REQUEST IN PERSO	ON, VIA U.S. MAIL OR B	Y E-MAIL TO:		

Richland County Sheriff's Department ATTN: FOIA OFFICER 5623 Two Notch Road Columbia, SC 29223

E-Mail: foiarequest@rcsd.net