

TOWN OF HOLLYWOOD, SC
FREEDOM OF INFORMATION ACT REQUEST
6278 Hwy 162 - PO Box 519, Hollywood SC 29449
Office 843-889-3222 - Fax 843-889-3636

I, _____, DO HEREBY REQUEST;

INFORMATION MAINTAINED BY THE TOWN OF HOLLYWOOD REGARDING:

THE PURPOSE OF THIS REQUEST IS TO:

I HEREBY CONSENT AND AGREE TO PAY ALL SUMS PRIOR TO THE
RELEASE OF REQUESTED INFORMATION TO BE SURRENDERED.

FULL NAME: _____
MAILING ADDRESS: _____
DAYTIME PHONE # : _____
FAX #: _____

Applicant Signature: _____ **Date** _____

_____ COPIES \$0.35/Page _____ FAX \$2/Page Local - \$3/Page Long Distance

Research Charges: Per Hour or Fraction Thereof	Total Research Time:
\$10 Clerk-Typist	_____ Hours
\$15 Clerk-Treasurer	_____ Hours
\$20 Planner/Zoning Administrator	_____ Hours

*****FOR INTER-OFFICE USE ONLY*****

Date Received: _____ Received By: _____

Total Fees Due: \$ _____ . _____ Date Paid: _____