



**TOWN OF HOLLYWOOD
FREEDOM OF INFORMATION ACT REQUEST**

6322 Highway 162, P.O. Box 519, Hollywood SC 29449
Office 843-889-3222 - Fax 843-889-3636
STATE OF SOUTH CAROLINA

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/SHEET) _____ FAX (\$2.00/SHEET) LOCAL (\$3.00/SHEET) LONG DISTANCE

TIME REQUIRED FOR RESEARCH: _____

Research Charges: \$10.50 (Clerk-Typist) | \$15.50 (Clerk-Treasurer) | N/A | [1st 15 Minutes]

Research Charges: \$10.50 (Clerk-Typist) | \$15.50 (Clerk-Treasurer) | N/A | [Per Additional Hour or Fraction Thereof]

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

Date Received: _____ Received By: _____

Total Fees Due: \$ _____ Date Paid: _____

Date Responded: _____ Staff Signature: _____