

**CITY OF CHARLESTON POLICE DEPARTMENT  
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM**

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL (OPTIONAL): \_\_\_\_\_

Pursuant to the Freedom of Information Act, Section 30-40-10 et seq, I request a copy of the following (**please be specific**):

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According to Section 30-4-30(c), I understand that the City of Charleston Police Department has fifteen (15) days, excluding weekends and holidays, in which to respond to this request. I also understand that the normal fee for processing a request is five dollars (\$5.00) per report and other fees may be assessed for copying, research, compiling information, postage, etc.

SIGNATURE: \_\_\_\_\_

**RETURN FORM TO:**

CHARLESTON POLICE DEPARTMENT  
ATTENTION: RECORDS  
180 LOCKWOOD BLVD  
CHARLESTON, SC 29403

Or Fax to: (843) 722-4085

**FOR OFFICE USE ONLY**

REQUEST ASSIGNED TO: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

DATE OF ASSIGNMENT: \_\_\_\_\_ FEE FOR SERVICES: \_\_\_\_\_

DATE RESPONSE DUE: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_