



FREEDOM OF INFORMATION ACT REQUEST FORM

TO: CHARLESTON COUNTY AVIATION AUTHORITY

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR E-MAIL: _____

YOUR PHONE NUMBER(S) (DAYTIME): _____

I REQUEST THE FOLLOWING INFORMATION UNDER THE SOUTH CAROLINA
FREEDOM OF INFORMATION ACT (**please be specific**)

<p>COPY FEE SCHEDULE</p> <p>\$20.00 per hour for search, retrieval and redaction time</p> <p>\$5.00 per disc</p> <p>\$.30 per page B/W - Letter size</p> <p>\$.75 per page Color - Letter size</p> <p>\$.40 per page B/W - Legal</p> <p>\$1 per page Color - Legal</p> <p>**Non-standard sizes will be billed at the actual cost to the Aviation Authority**</p>	<p>The Aviation Authority bills only for its costs to fulfill each request. An invoice will be sent to you and payment is required in full before the public records are released to you.</p> <p>If the request is deemed to be of a large volume, requesters will be notified and given an opportunity to narrow their request or will be required to pay a deposit of 25 percent in advance before the request will be fulfilled.</p>
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****Effective May 19, 2017, it is a crime to knowingly obtain or use personal information from a public body for commercial solicitation. S.C. Code §30-2-50****

SIGNATURE

DATE