Town of Meggett, South Carolina

Freedom of Information Act Request Form

Date of Request: ____________________________________________________________

Name of Applicant: __________________________________________________________

Company/Organization: ______________________________________________________

Street Address: ______________________________________________________________

City: ___________________________ State: ___________ Zip: _________________

Phone: _________________________________________________________________

Email: _________________________________________________________________

Requested Information (please be as specific as possible):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Request Submitted Via: □ Email □ US Mail □ Fax □ In Person

Requested Document Format: □ Hard Copy □ PDF/ Electronic File

Signature: ______________________________________________________________

Date: __________________________________________________________________

To submit this form, please send using one of the options below:

Mail/ In Person: Town of Meggett
4776 Highway 165
Meggett, SC 29449

Fax: 843.889.6873

Email: clerk@townofmeggettsc.org

Office Use Only

Date Received: ________________ Date Response Due: ______________________

Processed By: __________________ Date of Completion: ___________________

Fee Paid: ____________________ Method of Payment: _____________________

4776 Highway 165, Meggett, SC 29449 | Phone: 843.889.3662 | Fax: 843.889.6873