

Office Use Only

Date Received: _____
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***FREEDOM OF INFORMATION ACT REQUEST
APPLICATION***

Requestor(s) Name: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Information Requested:

Please indicate which department(s) your request is from:

- | | |
|---|---|
| <input type="checkbox"/> Auditor | <input type="checkbox"/> Master in Equity |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Planning & Development |
| <input type="checkbox"/> Clerk of Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Public Defender |
| <input type="checkbox"/> County Attorney | <input type="checkbox"/> Public Safety Communications |
| <input type="checkbox"/> County Manager | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Ebenezer Park | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Registration & Elections |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Sheriff's Office |
| <input type="checkbox"/> Equipment Maintenance | <input type="checkbox"/> Solicitor's Office |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Summer Feeding |
| <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Tax Assessor |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Tax Collection |
| <input type="checkbox"/> Information Technology/GIS | <input type="checkbox"/> Veteran's Affairs |
| <input type="checkbox"/> Magistrate | |

Applicable Fee(s):

8.5"x 11" to 11"x 17" prints/copies.....	\$0.25/page in excess of 4 pages
Prints/copies larger than 11"x17"	\$11.00 per print/copy
Record Research.....	Hourly Fee
Fax(s).....	\$1.00/page transmitted
Special Computer Programming	\$50.00/hour (minimum of 1 hour)
CD or DVD.....	Based on cost of media

*Based on the fees established in the York County Freedom of Information Policy

Please note that pursuant to Section 30-4-30(c), a response to a written FOIA request must be made within 15 working days (Saturdays, Sundays, and holidays are excluded) of receipt of the written request.

Signature of Requestor: _____

Date of Request: _____