



Colleton County Sheriff's Office

Sheriff R.A. Strickland

394 Mable T. Willis Blvd., Walterboro, SC 29488

Phone (843) 549-2211 Fax (843) 538-4384

www.colletoncountysheriff.com



FREEDOM OF INFORMATION ACT REQUEST FORM

Name: _____ Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____ Email: _____

Information Requested:

Optional: Authorization to Release Information to Another Person

This form is also to be completed a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to S.C. Code 30-4-10 through 30-4-165, I authorize the Colleton County Sheriff's Office to release any and all information relating to me to:

Signature

I declare under penalty of perjury under the laws of the State of South Carolina that the foregoing is true and correct, and that I am the person named above. I understand that any falsification of this statement is punishable under the provisions the South Carolina Code of Laws.

Signature: _____ Date: _____

Notary Form

State of _____

County of _____

On this _____ day of _____, 20 _____, before me appeared _____, who proved to me through government issued photo identification to be the person whose name is subscribed to the foregoing instrument, and that the statements contained therein are true and correct.

(Type or Print Notary's Name) Notary Public. My commission expires: _____

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FOR SHERIFF'S OFFICE USE ONLY

Date Response Due: _____

Date of Completion and Signature: _____

Date Delivered/Contacted and Signature: _____