



# COLLETON COUNTY SHERIFF'S OFFICE



112 SOUTH MILLER STREET • P.O. BOX 433 • WALTERBORO, SC 29488

PHONE : 843-549-2211 • FAX : 843-549-1449

R.A. STRICKLAND  
SHERIFF

## 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:

\_\_\_\_\_

### Print or Type Name

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

I, \_\_\_\_\_, a Notary Public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_, personally appeared before me \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public, State of SC: \_\_\_\_\_ 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:** \_\_\_\_\_