



**Office of the Sheriff
LEXINGTON COUNTY
Bryan "Jay" Koon**

**Lexington County Sheriff's Department
Freedom of Information Act Request Form**

Requestor: _____
Address: _____

Phone: _____
Email: _____

Information Requested – PLEASE PRINT:

(Please be as SPECIFIC as possible – include any names, addresses, dates of birth, case numbers if known, specific dates and/or date range, type of report, etc.)

<p align="center"><u>Fee Schedule:</u></p> <p>\$ 22.00 per hour for search, retrieval and redaction \$ 5.00 per CD/DVD \$ 0.25 per page B/W – Letter Size \$ 0.75 per page COLOR – Letter Size \$ 0.50 per page B/W – Legal Size \$ 1.00 per page COLOR – Legal Size</p>	<p>The Lexington County Sheriff's Department bills only for its cost to fulfill each request.</p> <p>Invoices will be sent to you and payment is required in full before the public records are released to you.</p> <p>A 25 percent deposit will be required prior to fulfilling each request. You will be contacted with the required deposit amount prior to the request being fulfilled.</p> <p>**It is a crime to knowingly obtain or use personal information from a public body for commercial solicitation. S.C. Code §30-2-50**</p>
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Payments should be made in the form of a cashier's check made payable to the Lexington County Sheriff's Department.

DELIVER this form to Becky Hilton at the Lexington County Sheriff's Department located at 521 Gibson Rd. in Lexington, SC 29072 or **MAIL** this form to Attn: Becky Hilton at P.O. Box 639, Lexington, SC 29071 or **EMAIL** this form to FOIA@lcsd.sc.gov or **CALL** Becky Hilton at (803) 785-2442 for any questions

Signature



Date