

Office of the Sheriff LEXINGTON COUNTY Bryan "Jay" Koon

<u>Lexington County Sheriff's Department</u> Freedom of Information Act Request Form

Requestor:	D :1
Information Requested – PLEASE PRINT:	
(Please be as SPECIFIC as possible – incluif known, specific dates and/or date range, t	de any names, addresses, dates of birth, case numbers type of report, etc.)
Fee Schedule:	The Lexington County Sheriff's Department bills only for its cost to
\$ 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	fulfill each request. Invoices will be sent to you and payment is required in full before the public records are released to you. 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.
\$ 0.50 per page B/W – Legal Size \$ 1.00 per page COLOR – Legal Size	**It is a crime to knowingly obtain or use personal information from a public body for commercial solicitation. S.C. Code §30-2-50**
	a cashier's check made payable to the Lexington
at 521 Gibson Rd. in Lexington, SC 29072	the Lexington County Sheriff's Department located or MAIL this form to Attn: Amanda Pineda at P.O. MAIL this form to FOIA@lcsd.sc.gov or CALL estions
Signature	Date