



Office of the Sheriff LEXINGTON COUNTY Bryan "Jay" Koon

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

Requestor's Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Records will be shared via email or saved to a disc to be mailed or picked up unless otherwise specified below.

Check here if you want the records printed? _____

List the Type of Records Being Requested: _____

Case Number(s): _____

Incident Location(s): _____

Names and Birth Dates of Involved Parties: _____

Date & Time of Incident(s): _____

Time Frame for Requested Records (if any): _____

Additional Information: _____

** Data recorded by a body worn camera is **not** a public record subject to disclosure pursuant to SC Code § 23-1-240(G)(1).

** It is a crime to knowingly obtain or use personal information from a public body for commercial solicitation pursuant to S.C. Code §30-2-50.

<p><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 only charges for the cost to fulfill each request.</p> <p>Invoices will be sent to you upon completion of request. Payment is required in full before the public records are released.</p> <p>The Lexington County Sheriff's Department only accepts cashier's check, money order or exact cash as payment.</p> <p>A deposit of 25% may be required prior to fulfilling your request.</p>
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Please deliver this form to:

Lexington County Sheriff's Department
 Attn: Amanda Pineda
 521 Gibson Road, Lexington, SC 29072
 P.O. Box 639, Lexington, SC 29071
 Email: FOIA@lcsd.sc.gov
 Office: (803) 785-2442

Signature

Date

