



TOWN OF LYMAN  
PUBLIC RECORDS REQUEST

Name of Requestor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Under the Freedom of Information Act, I am requesting the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to pay reasonable reproduction fees as provided by the Law

\_\_\_\_\_  
Signature  
Date of Request: \_\_\_\_\_

\_\_\_\_\_  
Print Name

***The Family Privacy Protection Act (S.C. Code Annotated §30-2-50) prohibits any person or entity from knowingly obtaining or using any personal information obtained from the County for commercial solicitation directed to any person in the State. Violation of this law is a crime.***

*Office Use Only:*  
Date Request Received: \_\_\_\_\_ Written FOIA Response Due: \_\_\_\_\_

Deposit Received: \_\_\_\_\_ Production Due: \_\_\_\_\_