

Freedom of Information Request

PLEASE PRINT:

DATE RECEIVED STAMP

NAME & TITLE OF PERSON MAKING REQUEST

PHONE #

FAX#

COMPANY NAME

MAILING ADDRESS

CITY

STATE

ZIP

TO: B. A. Bush, Building Official
City of Spartanburg Building Inspections Dept.
440 S Church St.
Spartanburg, SC 29306

Request Processed By: _____

PURSUANT TO THE RIGHTS GRANTED UNDER THE FREEDOM OF INFORMATION ACT AND
PURSUANT TO SC CODE SECTION 30-4-10 ET SEQ, I HEREBY REQUEST THE FOLLOWING
INFORMATION:

FAX: 864-596-2833

TELEPHONE: 864-596-2041 or 864-596-2830

Insert a description of the information that you are requesting and the reason for your request. Be as specific as possible (addresses, names, dates, etc.). The more information you provide will result in the prompt handling and processing your request, if such request is subject to release.

Signature and Title of Person Making Request