



CODE ENFORCEMENT
P.O. DRAWER 1749
SPARTANBURG, SC 29304-1749
TELEPHONE: 864-596-2915
FAX: 864-596-2680

Address of Property: _____

Date of Request: _____

FREEDOM OF INFORMATION ACT REQUEST FORM
(Please print clearly)

Your Name: _____

Your Mailing Address: _____

Your Email Address: _____

Your Phone Number: _____

Dear Code Enforcement:

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

I prefer to receive this information by: (check one)

U.S. Mail Email Fax In Person

Sincerely,

Signature