



**CODE ENFORCEMENT**  
P.O. DRAWER 1749  
SPARTANBURG, SC 29304-1749  
TELEPHONE: 864-596-2915  
FAX: 864-596-2680  
EMAIL: kbyrnes@cityofspartanburg.org

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