



DARLINGTON COUNTY
 FIRE DISTRICT
 137 N. Center Rd
 Hartsville SC 29550

PHONE: (843) 339-9098 FAX: (843) 339-9289



Freedom of Information Act Request

Date: _____

To whom it may concern:

Under the Freedom of Information Act, I _____, am requesting documents concerning the incident below.

Incident Date: _____

Incident Location: _____

Incident Type: _____

I would like to receive paper copies of any applicable documents.

If you deny all or any part of this request, please cite each specific exemption you think justifies your refusal to release the information requested and notify me of appeal procedures available under the law.

If you have any questions or concerns about this request, you may contact me by the information listed below.

Full Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Sincerely,

Print Name: _____

Signature: _____ Date: _____

Office use below:

Received by: _____ Date: _____

Method FOIA was received: Mail Fax Email Hand Delivered

Completed by: _____ Date: _____

Method of document delivery: Mail Fax Email Hand Delivered