

To Whom It May Concern:

Your request for copies of records from the Department of Communications E911 must be handled in a specific manner according to the SC Law.

You may request the information under the Freedom of Information Act. You must put your request in writing, stating the date, time and specifically what information you are attempting to obtain. The request can be mailed to Cherokee County E911 to the attention of 911 Admin Staff, at 110 Railroad Ave. Gaffney SC 29340, delivered to the E911 Center at the above address, faxed to (864) 487-2775 or emailed to e911requests@cherokeecountysc.com.

Once your request is received, it will be reviewed by the Director and/or the County Attorney to determine if the information being requested is covered under the Privacy Act. Pursuant to section 30-4-30 (c), a response to a written FOIA request must be made within 10 working days (Saturdays, Sundays, and holidays are excluded) of receipt of the written request, and the documents have to be produced no later than 30 calendar days after the response date. If the documents requested are more than two years old, the response time is 20 days, and the documents must be produced no later than 35 calendar days from the response date. Under law, we are allowed to charge a fee for obtaining the information and material. The fee for the search, retrieval, or redaction of records shall not exceed the prorated hourly salary of the lowest paid employee who, in the reasonable discretion of the custodian of the records, has the necessary skill and training to perform the request.

Another way to obtain your information is to hire an attorney and they will subpoena the information for court purposes.

Please understand that we are obligated to obey the law concerning the privacy act with no exceptions. Law Enforcement, Fire and EMS personnel may obtain the information if they are conducting an official investigation.

If you have any questions concerning the Freedom of Information Act, you may contact the Communications Department at (864) 487-2742.

Initial: _____



Freedom of Information Act Request Form

Date Request Filed: _____

Requestor's Name: _____

Requestor's Address, City, State & Zip:

Contact Number: (____) _____

Would you prefer the information to be burned onto a **disc** (____) or sent by **e-mail**? (____)

If e-mail, please provide: _____

Please check all that you wish to receive:

CAD Report _____

Telephone Call _____

Radio Traffic _____

If the incident did not occur at the above address, please provide the date of the incident and the address that the officers responded to:

Reason for Request:

