CITY OF NORTH CHARLESTON
Freedom of Information Processing Form

PLEASE PRINT

NAME _____

ADDRESS _____ STATE _____ ZIP _____

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INFORMATION SOUGHT/REQUESTED

SIGNATUTE _____ TELEPHONE No. _____

OFFICE USE ONLY:

DEPT/OFFICE RECEIVING REQUEST _____ RECEIVED BY _____ DATE REQUESTED _____

DATE INFORMATION DUE (15 DAY LIMITATION EXCEPTING SATURDAYS, SUNDAYS & LEGAL PUBLIC HOLIDAYS)

IS INFORMATION REQUESTED INCLUDED ON FEE SCHEDULE _____Yes _____No
(IF NO, OR UNSURE FORWARD FORM IMMEDIATELY TO THE MUNICIPAL CLERK)

HOURS:	Total Hours	Total Rate	Costs
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Review/Excising			
Correspondence & Form Preparation			
Coordination/Approval/Denial			
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