

BEAUFORT COUNTY SHERIFF'S OFFICE

FREEDOM OF INFORMATION ACT REQUEST

After your request has been researched, you will receive a confirmation email stating the total fee being charged for the copy(s), calculated in accordance with Beaufort County Ordinance Sec. 2-435.

Payment must be mailed (**MONEY ORDERS and CERTIFIED CHECKS only**) along with a copy of the confirmation and a self-addressed stamped envelope to: **Beaufort County Sheriff's Office, P.O. Box 1758, Beaufort, SC 29901.**

The requested copy(s) will be forwarded upon receipt of payment.

Name of Requester _____

Preferred Method of Contact:



Email: _____



Phone: _____

Mailing Address (Requested copies will be mailed to this address):

Street No & Name: _____ City _____ State _____ Zip Code _____

REPORT INFORMATION:

Incident Date: _____

Incident Location: _____

Name(s) on Report (Victim/Suspect): _____

Report Number (if known): _____

If more than one document is being requested, please list additional report numbers (if known) below.

1) Rep# _____ 2) Rep# _____ 3) Rep# _____

4) Rep# _____ 5) Rep# _____ 6) Rep# _____

Further explain request as needed below.

*** SHERIFF'S OFFICE USE ONLY ***

Date Request Received: _____

Number of Pages Requested: _____

Total Amount Due: _____

Date Payment Received: _____

Records Released By: _____

Date Released: _____