



**FREEDOM OF INFORMATION--REQUEST FOR PUBLIC RECORDS**

To: City of Liberty  
City Administrator's Office  
PO Box 716  
Liberty, SC 29657  
bevilsizor@libertysc.com

From: \_\_\_\_\_

Name

Address

City, State, Zip Code

Telephone

Description of records requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you asking for these records for a commercial use/purpose?  Yes  No

Please indicate the format in which you would like the City to respond to your request. Please know the City may not be able to accommodate the requested format. Cost per the City's policy may be applied to any of these formats.

Inspection Only  Hard Copy  Email: \_\_\_\_\_

Fax: \_\_\_\_\_  Other Format: \_\_\_\_\_

By my signature, I hereby state that I have received a copy of the City of Pickens' policy outlining possible charges I may incur as part of this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ Due Date: \_\_\_\_\_ Response Date: \_\_\_\_\_

Department(s) Responsible for Responding: \_\_\_\_\_

City Attorney Involvement:  Yes  No

City Staff Assigned Response: \_\_\_\_\_

Notations: \_\_\_\_\_

Associated Fees: \_\_\_\_\_ Paid:  Yes  No