



## Freedom of Information Act Request Form

### REQUESTOR INFORMATION

Date: *(REQUIRED FIELD)*

Name: *(REQUIRED FIELD)*

Company or Organization:

Physical Address: *(REQUIRED FIELD)*

Phone Number: *(REQUIRED FIELD)*

E-mail Address:

### REQUEST INFORMATION

Describe the files/documents you are seeking; please provide as much detail as possible.

*(REQUIRED FIELD)*

### SUBMIT YOUR REQUEST

By postal mail: SCDMH Office of Public Affairs

PO Box 485

Columbia, SC 29202

By e-mail: [tracy.lapointe@scdmh.org](mailto:tracy.lapointe@scdmh.org)

By FAX: (803) 898-8316

Questions? Contact the SCDMH Office of Public Affairs at (803) 898-8581.