



Chief Darren Amick  
 Batesburg-Leesville Police Department  
 660 West Columbia Ave.  
 Batesburg-Leesville, S.C. 29006 Phone  
 (803) 532-4408  
 Fax (803) 532-5827



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

To: Batesburg-Leesville Police Department  
 Sgt. Lorraine Thompson  
 660 West Columbia Avenue  
 Batesburg, SC 29006  
 Phone: 803-532-4408  
 lthompson@batesburg-leesville.org

From: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Record(s) Requested**

Incident Report  Accident Report  Other: \_\_\_\_\_

Report #: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Victim/Complainant: \_\_\_\_\_

Individual(s) Involved: \_\_\_\_\_

**Additional Details:**

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

Please indicate the format in which you would like the BLPD to respond to your request. Please know the BLPD may not be able to accommodate the requested format. Cost from FOIA Fee Schedule may be applied to any of these formats.

Inspection Only  Hard Copy  Other Format: \_\_\_\_\_

Fax: \_\_\_\_\_

By my signature, I hereby state that I have reviewed information about the BLPD's FOIA process and a copy of the Fee Schedule outlining possible charges I may incur as part of this request.

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

**For BLPD Use Only**

Date Received:	Due Date:	Response Date:
Town Attorney Involvement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FOIA Request Fees: _____	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived	

Received By: \_\_\_\_\_ Date: \_\_\_\_\_