

Henry McMaster GOVERNOR  
Robert M. Kerr DIRECTOR  
P.O. Box 8206 > Columbia, SC 29202  
www.scdhhs.gov

## FREEDOM OF INFORMATION ACT REQUEST FORM

TO: The South Carolina Department of Health and Human Services

Your Contact Information:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**I REQUEST THE FOLLOWING INFORMATION UNDER THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT:**

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

I prefer to receive this information by:

Mail

E-Mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

