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## FREEDOM OF INFORMATION ACT REQUEST FORM

TO: The South Carolina Department of Health and Human Services

Your Contact Information:

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

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

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

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

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

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I prefer to receive this information by:

Mail

E-Mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

