
For Office Use

(FILING FORM)
FREEDOM OF INFORMATION ACT REQUEST

TO: TOWN OF WINNSBORO, SOUTH CAROLINA

FROM: (PLEASE PRINT)

NAME: _____

ADDRESS: _____

E-mail address: _____

PHONE NUMBER (S) (DAYTIME): _____

I REQUEST THE FOLLOWING INFORMATION UNDER THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT. (PLEASE BE SPECIFIC).

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SIGNATURE