BHDD SOUTH CAROLINA DEPARTMENT OF Behavioral Health and Developmental Disabilities

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 existing public records you are seeking. Please provide as much detail as possible.

(REQUIRED FIELD)

SUBMIT YOUR REQUEST

By postal mail: BHDD Office of Communications/FOIA

400 Otarre Parkway

Cayce, SC 29033

By e-mail: tracy.lapointe@omh.bhdd.sc.gov

Questions? Contact the BHDD Office of Communications at (803) 898-8582.

*This form has been created by BHDD to assist the public in submitting Freedom of Information Act requests. It is **not required** to request existing public records from BHDD under the FOIA.*