

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

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 files/documents you are seeking; please provide as much detail as possible.

(REQUIRED FIELD)

SUBMIT YOUR REQUEST

By postal mail: SCDMH Office of Public Information

PO Box 485

Columbia, SC 29202

By e-mail: tracy.lapointe@scdmh.org

Questions? Contact the SCDMH Office of Public Information at (803) 898-8581.