Request for Public Information
Beaufort-Jasper Water & Sewer Authority
6 Snake Road, Okatie, SC 29909
Fax (843) 987-9293

Title/Date of Record Requested: ________________________________

________________________________________________________________________

Description of the record(s) you are requesting and any additional information that will help to identify the correct record.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Requestor Name:_________________________________________________________ (Please Print)

Address: __________________________________________________________________

City: ____________________________ State: _______ Zip: _______

Phone: ____________________________ FAX: ____________________________

Email: __________________________________________________________________

I understand that there may be charges for duplication of these specific records.

Signature ________________________________________ Date: ______________

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY AUTHORITY STAFF

Request received by: _______________________________________________

Date: ________________ Time: ______________

Fifteen–day response rule begins one working date after receipt of request.

Rev_7/2008 This form may be submitted by mail or FAX