



FOIA Request Form City of Belton

Date of request: _____

Requestor's name: _____

Requestor's mailing address: _____

Requestor's telephone: _____ E-mail: _____

Description of records requested (be as specific as possible):

Return by mail to: City of Belton - Administrator/Mayor
P. O. Box 828
Belton, SC 29627

Return in person to: City of Belton City Hall
306 Anderson Street
Belton, SC 29627

Return electronically to: info@cityofbeltonsc.com or 864-338-8369 (facsimile)

*For questions and additional information, contact Alan Sims, City Administrator,
City of Belton, at 864-338-7773, extension 100 or alansims@cityofbeltonsc.com.*

For city use only:

Date request received by City of Belton: _____

Request assigned to: _____

Due date: _____ Date of response: _____

Any charges or notes: _____