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Robert Wazney  
990 Wisacky Highway  
Bishopville SC 29010

**RECEIVED**

SEP 07 2016

SC Court of Appeals

Sumter County Sheriffs Office  
PO Box 430  
Sumter, SC 29151

RE: Freedom of Information Act Request; Appellate Case #2015-000884

To Whom It May Concern; Sumter County Sheriff

On July 27, 2016, I submitted a Freedom of Information Act (FOIA) request to your office (See Exhibit A). I have not received a reply from your office in regards to that request.

I am an indigent prisoner and I have a particularized need for the information which I have requested, as it will be used for court proceedings. Please reply to me at the above address.

With kindest regards, I am



Robert Wazney

September 3, 2016  
Date

enclosure

cc: SC Court of Appeals  
scca

FREEDOM OF INFORMATION ACT AND PRIVACY ACT REQUEST.

TO: SUMTER COUNTY SHERIFFS OFFICE  
PO BOX 430  
SUMTER SC 29151

EXHIBIT

A

RE: FREEDOM OF INFORMATION ACT REQUEST.

DEAR, SHERIFF

I ROBERT WILLIAM WARNEY do hereby request this information under the FREEDOM OF INFORMATION ACT (FOIA), Title 5 USC Section 552, and SC Code Ann. §30-4-10 to §30-4-110 (law coop. 1991) with §30-4-30, 15 day answer requirement requested, Please Provide Me With Copie's Of ANY AND ALL INFORMATION

AND RECORDS PERTAINING TO ROBERT WILLIAM WARNEY, SSAN# 247-71-9677, DOB 6-1-1971

The (FOIA) provides that if portions of a document are exempt for release, the remainder must be segregated and disclosed. Therefore, I request that you send me all non-exempt portions of the record's which I have requested, and ask that you justify any deletion with reference to specific exemptions of (FOIA). The information is not to be used for commercial benefit, so I do not expect to be charged fee's for your review of the information to see if it falls within one of the (FOIA's) exemptions.

The (FOIA) also provides for waiver of the search and duplication fee's, where the disclosure of the information is in the public interest. I feel this information will contribute significantly to the public understanding of treatment provided. Please contact me if there is any further information needed from me to process this request and of any fee's due and specific justification is required for said fee's.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief's.

Signature, 

Address, 990 WISACKY HNY  
BISLANDVILLE SC 29010

Signed this 27<sup>TH</sup> day of JULY, 2016.