



CITY OF HENDERSONVILLE
TENNESSEE

INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-5, and sign and date section 9 at the time the request is made. Requestors who are retrieving the requested records from the office of the records custodian in person should not sign and date section 11 until the records are received

Custodian Instructions: For requests to inspect, the **records custodian** is to fill in sections 1-6, 8, and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the requestor inspects the records. For requests for copies or duplicates, the records custodian is to fill in sections 6-8 and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the records are retrieved by or delivered to the requestor.

Note: Tenn. Code Ann. § 10-7-503(a)(7)(A) provides that unless another provision in law specifically requires a written request, a request to inspect public records may not be required to be in writing nor can a fee be assessed for inspection of records.

1. Name of requestor: _____
(Print or Type; Initials of requestor are required for copy requests)
2. Form of identification provided:
 Photo ID issued by governmental entity including requestor's address
 Other: _____
3. Requestor's address and contact information. Please include a phone number and an email address.

4. Request for: inspection/access/view only copy/duplicate
[previously inspected on _____ (date) Or inspection waived]
5. Record(s) requested:
Type of record: _____
 - a. Detailed Description of the record(s) including relevant date(s) and subject matter:

6. Request submitted to: _____
(Name of Governmental Entity, Office or Agency)
 - a. Employee receiving request: _____
(Print or Type and Initial)
 - b. Date and time request received: _____
 - c. Response: Same day Other _____
7. Costs (if assessed):
 - a. Number of pages to be copied: _____ Estimated
 - b. Deposit Required. Amount: _____

