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:
   ________________________________

4. Request for: □ inspection/access □ 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: ________________________________
c. Cost:
   (1) per page letter or legal sized:
      □ $_________ ($0.15) per black and white
      □ $_________ ($0.50) per color;
   (2) per page other sized or other medium
      □ $_________

7. Costs continued:
   d. Estimate of labor costs to produce the copy (for time exceeding 1 hour):
      □ $_________ /hour for _________ hour(s).
      □ $_________ /hour for _________ hour(s).
      □ $_________ /hour for _________ hour(s).

   e. Programming cost to extract information requested:

   f. Method of delivery and cost: □ Estimated
      □ On-site pick-up □ U.S. Postal Service □ Other: __________________________

   g. Estimate of total cost to produce request: __________________________

   h. Estimate provided to requestor: □ in person □ by U.S.P.S. □ by phone □ Other: ______

8. Payment:
   Form of payment: □ Cash □ Check □ Other __________________________
   Amount of payment: __________________________
   Date of payment: __________________________
   Actual cost (and adjustment if prepaid/ less deposit): __________________________

9. __________________________ __________________________
   Signature of Requestor Date Records Requested

10. __________________________ __________________________
    Signature of Records Custodian Date of Receipt of Request

11. __________________________ __________________________
    Approval from City Administrator’s Office Date of Approval

12. Delivery/Retrieval of Records:
    __________________________ __________________________
    Signature of Requestor Date Records Delivered/Reviewed

    __________________________ __________________________
    Signature of Records Custodian Date Records Delivered/Reviewed

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