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:
   _____________________________________________________________
   _____________________________________________________________

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): ____________
   □ Labor at $_____________ /hour for ___________ hour(s).
   □ Labor at $_____________ /hour for ___________ hour(s).
   □ Labor at $_____________ /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 Mayor’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
SCHEDULE OF CHARGES

- 8½ x 11 $0.15
- 8½ x 14 $0.15
- 8½ x 11 color $0.50
- 8½ x 14 color $0.50
- Duplex copies above rates apply
- Plats (18 x 24) $5.00
- Site Plans (18 x 24) $5.00
- Plats (larger than 18 x 24)) $10.00
- Site Plans (large) $10.00
- Cassette Tape $2.00
- DVD $1.00

The requestor shall be charged for the staff time reasonably necessary to produce the requested records when copies are requested. Staff time includes the time spent locating, retrieving, reviewing, redacting, programing and reproducing the record. All labor charges associated with requests for copies of records, after the first hour, must be paid by the requestor to obtain copies.