

INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the records custodian is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8. Do not sign and date the signature line until the records are delivered to the requestor.

Note: Section 1 of Public Chapter 1179, Acts of 2008, amends Tenn. Code Ann. § 10-7-503(a) adding (7)(A) to provide that unless the law specifically requires such, a request to inspect is not required to be writing nor can a fee be assessed for inspection of records.

1. Name of requestor: _____
(Print or Type; Initials 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. Record(s) requested to be inspected/copied: _____
a. Previously inspected on _____ (date); Inspection waived
b. Type of record: Minutes Annual Report Annual Financial Statements Budget
 Employee file Other
c. Detailed Description of the record(s) including relevant date(s) and subject matter: _____

5. 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 _____

6. Costs
a. Number of pages to be copied: _____ Estimated
b. Cost per page: _____
c. Estimate of labor costs to produce the copy (for time exceeding 5 hours): _____
 Labor at \$ _____ /hour for _____ hour(s).
 Labor at \$ _____ /hour for _____ hour(s).
 Labor at \$ _____ /hour for _____ hour(s).
d. Programming cost to extract information requested: _____
e. Method of delivery and cost: _____ Estimated
 On-site pick-up U.S. Postal Service Other: _____
f. Estimate of total cost to produce request: _____
g. Estimate of total cost provided to requestor: in person by U.S.P.S. by phone
 Other: _____

7. Form, Amount, Date of Payment:

- a. Form of payment: Cash Check Other _____
- b. Amount of payment: _____
- c. Date of payment: _____

8. Date of Delivery _____

Signature of Records Custodian

Date

Signature of Requestor

Date