INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-5. 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 1-6 and 9. For requests for copies or duplicates, the records custodian is to fill in sections 6-9. Do not sign and date the signature line until the records are 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.

(FRONT)

1. Name of requestor: _______________________________________________________________________
   (Print or Type; Initials of requestor are required for copy requests)

2. (If required) 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:
   a. Type of record:
      ☐ Minutes  ☐ Annual Report  ☐ Annual Financial Statements
      ☐ Budget  ☐ Employee file  ☐ Other
   b. 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. Cost
      (1) per page letter or legal sized: ☐ $_____ (justification required if more than $0.15) per black and white ☐ $_____ (justification required if more than $0.50) per color;
      (2) per page other sized or other medium______________________: ☐ $_____ (justification required)
7. Costs continued:
   c. 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).
   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 provided to requestor: ☐ in person ☐ by U.S.P.S. ☐ by phone ☐ Other: ________________________

8. Payment:
   a. Form of payment: ☐ Cash ☐ Check ☐ Other: ________________________
   b. Amount of payment: ________________________
   c. Date of payment: ________________________
   d. Actual cost (and adjustment if prepaid): ________________________

9. Date of: ☐ access to records __________________ and/or ☐ delivery of copies: ________________________

______________________________       ________________________
Signature of Records Custodian       Date

______________________________       ________________________
Signature of Requestor       Date