



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. Requestors who are having the records mailed to him/her are not required to sign and date section 11 of the form.

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.

1. Name of requestor:

If representing a Tennessee entity,
please provide that entity's name
and address:

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 Inspection Waived

[previously inspected on (fill in the date)

5. Record(s) requested:

(a) Type of record: Minutes Budget
Annual Report Employee File
Annual Financial Statements Other

(b) Detailed description of the record(s) including relevant date(s) and subject matter:

6. Request submitted to:

(Name of Government Entity, Office, or Agency)

(a) Employee receiving request:

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

(please check if estimated)

(b) Cost

(1) per page letter or legal size:

(please check if letter or legal size)

Costs:

(justification required if more than \$0.15) per black and white

(2) per page other size or other medium

(please check if other)

Description:

Costs:

(justification required)

(c) Estimate of labor costs to produce the copy (for time exceeding 1 (one) hour:

Labor at cost per hour/duration of hours:

9. _____
Signature of Requestor

Date Records Requested

10. _____
Signature of Records Custodian

Date of Receipt of Request

Delivery/Retrieval of Records

11. _____
Signature of Requestor

Date Records Retrieved

12. _____
Signature of Records Custodian

Date Records Retrieved/Delivered

OR

Date Records Inspected by the Requestor