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.

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:
   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:
         $____ ($0.15) per black and white
         $____ ( $0.50) per color;

      (2) per page other sized or other medium__________________
         $____

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