

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 emailed or 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. 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.	 2. (<i>If required</i>) Form of identification provided: Photo ID issued by governmental entity including requestor's address Other:				
3.	3. Requestor's address and contact information:				
	Request for: inspection/access copy/duplicate [previously inspected on(date) or inspection waived] 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:				
7.	 Costs (<i>if assessed</i>): 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) 				

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		
		Labor at \$/hour for		
	d.		n requested:	
	e.	Method of delivery and cost:		
			Service Other:	
	f.	Estimate of total cost to produce request		
	g.	Estimate provided to requestor: in po	erson by U.S.P.S. by phone Other:	
8. Pay	men	t:		
	a.	Form of payment: Cash Check	Other	
b. Amount of payment:				
	с.	Date of payment:		
	d.	Actual cost (and adjustment if prepaid):		
9				
Sig	gnatui	re of Requestor	Date Records Requested	
10				
10	matur	e of Records Custodian	Date of Receipt of Request	
512	Silatui	e of Records Custodian	Date of Receipt of Request	
Deliver	y/Ret	trieval of Records		
11. <u> </u>		e of Requestor	Date Records Retrieved	
518	gnatui	e of Requestor	Date Records Retrieved	
12				
Sig	natur	e of Records Custodian	Date Records Retrieved/Delivered	
			Or	

Date Records Inspected by the Requestor