

## 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