



## 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. (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)

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. \_\_\_\_\_  
 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