





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:	
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:	8
4.	Request for: ■ inspection/access □ copy/duplicate [previously inspected on (date) or □ inspection waived]	
	Record(s) requested: a. Type of record: Budget Employee file Other b. Detailed Description of the record(s) including relevant date(s) and subject matter Please provide for my review and inspection any and all	
Y	ed t courds statements for all employees, elected officials, and other personnel fr	ON
Ĭ	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	
	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: (2) per page other sized or other medium (justification required if more than \$0.50) per color; (2) per page other sized or other medium (justification required)	

Costs c	ontinued:	1 1	(for time exceeding 1 hour):
c.	Estimate of labor co	osts to produce the copy (/hour for	(Ib) time exceeding
	☐ Labor at \$	/hour for	
	Labor at \$	/hour for	
	Labor at \$	/hour for to extract information req	
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e.	□ O!4	state un 🔲 II C. Poetal Sé	ervice I L'Offici:
f.	Estimate of total co	est to produce request:	
g.	Estimate provided	to requestor: \square in person	□ by U.S.P.S. □ by phone □ Other:
g.	Listillate provided		
Payme	nt:		
a.	Form of payment:	□ Cash □ Check □ Othe	erer
b.	. Amount of paymer	nt:	
C.	Date of payment:		
d.	. Actual cost (and ad	ljustment if prepaid):	
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Signa	ture of Records Custodi	an	Date of Receipt of Request
1. //	2 -t-i		
elivery/F	Retrieval of Records		
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Signa	ture of Requestor		Date Records Retrieved
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2. Signature of Records Custodian		ดก	Date Records Retrieved/Delivered
Signal	ture of records castodi		Or
			Date Records Inspected by the Requestor