**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 of 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 Annotated 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 in writing nor can a fee be assessed for inspection of records.

1. **Name of Requestor:** ________________________________________________________________

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/duplicated:**
   - A. Previously inspected on ________________ [ ] Inspection Waived
   - B. Type of Record:
     - [ ] Minutes
     - [ ] Budget
     - [ ] Annual Report
     - [ ] Employee File
     - [ ] Annual Financial
     - [ ] Other
     - [ ] Statements
   - C. Detailed Description of the record(s) including relevant date(s) and subject matter:

   ________________________________________________________________________________

   ________________________________________________________________________________

   ________________________________________________________________________________
5. Request submitted to: __________________________________________________
   A. Employee Receiving the Request: _________________________________________
   B. Date and Time Request Received: _________________________________________
   C. Response: ☐ Same Day  ☐ Other: ___________________________________________

6. Costs
   A. Number of Pages to be copies: ___________________  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
   F. Estimate of Total Cost to Produce Request: ___________________________________
   G. Estimate of Total Cost Provided to Requestor: ☐ in person  ☐ by USPS  ☐ 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