INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions:

A. To make a request for copies of public records, fill in Sections 1-5, signing and dating Section 8 at the time the request is made. Section 9 is to be signed by the Institution.

B. To request to inspect public records, fill in Sections 1-5, as well as signing and dating Section 8 at the time the request is made. Section 9 is to be signed by the Institution. Note: Tenn. Code Ann.§ 10-7-503(a)(7)(A) provides that no fee can be assessed for inspection of records.

C. For both Sections A and B above, Sections 10 and 11 of this form should not be signed and dated by the Requestor and Institution until the records have been provided/inspected/copied by the Requestor.

1. Name of Requestor: ________________________________ (Print)

2. Form of identification provided:
   □ Photo ID issued by governmental entity including requestor's address
   □ Other: ________________________________

3. Requestor’s address: ____________________________________________
   Requestor’s Email address: _______________________________________

4. Request for: □ inspection/access  □ copy/duplicate
   If applicable, previously inspected/copied on ______ (date)

5. Records requested:
   a. □ Request for proposal file  □ Contract file  □ Requisition/Purchase Order file
   □ Other: ____________________________________________
   b. Detailed Description of the record(s) including relevant date(s) and subject matter:
      ____________________________________________

6. Costs (if assessed):
   a. Number of pages to be copied: ____________________________ □ Estimated
   b. Cost
      (1) Per page (letter or legal size):
      □ $______(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)
   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).

Tenn. Code Ann.§ 10-7-503(a)(7)(A)
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:

7. Payment:
   a. Form of payment: □ Cash □ Check □ Other ________________________
   b. Amount of payment: ________________________
   c. Date of payment: ________________________
   d. Actual cost (and adjustment if prepaid): ________________________

8. ________________________ Date Records Requested
   Signature of Requestor

9. ________________________ Date of Receipt of Request
   Signature of Institution

Delivery/Retrieval of Records

10. ________________________ Date Records Retrieved/Inspected
    Signature of Requestor

11. ________________________ Date Records Retrieved/Delivered
    Signature of Institution

Tenn. Code Ann. § 10-7-503(a)(7)(A)