



## 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).

- 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. \_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date Records Requested

9. \_\_\_\_\_  
Signature of Institution

\_\_\_\_\_  
Date of Receipt of Request

Delivery/Retrieval of Records

10. \_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date Records Retrieved/Inspected

11. \_\_\_\_\_  
Signature of Institution

\_\_\_\_\_  
Date Records Retrieved/Delivered