



HISTORIC
FRANKLIN
TENNESSEE

INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-5. 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 1-6 and 9. For requests for copies or duplicates, the records custodian is to fill in sections 6-9. Do not sign and date the signature line until the records are 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. 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:

\$_____ (\$0.15) per black and white

\$_____ (\$0.50) per color:

(2) per page other sized or other medium _____

\$_____

7. 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. Date of: access to records _____ and/or delivery of copies: _____

Signature of Records Custodian

Date

Signature of Requestor

Date