CITY OF COOKEVILLE TENNESSEE

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: _____
(Print or Type; Initials of requestor are required for copy requests)

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: _____

_____

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: ☐ $____(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)

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. _____ Signature of Requestor

_____ Date Records Requested

10. _____ Signature of Records Custodian

_____ Date of Receipt of Request

Delivery/Retrieval of Records

11. _____ Signature of Requestor

_____ Date Records Retrieved

12. _____ Signature of Records Custodian

_____ Date Records Retrieved/Delivered

Or

_____ Date Records Inspected by the Requestor