



CITY OF KNOXVILLE REQUEST FOR INSPECTION AND DUPLICATION OF PUBLIC RECORDS

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 only, the records custodian is to fill in sections 1-5 and 8. For requests for 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. Payment is due prior to delivery of copies.

NOTE: Pursuant to Tenn. Code Ann. § 10-7-503(a)(7)(A), unless the law specifically requires it, a request to inspect public records (without copying) is not required to be writing, nor can a fee be assessed for inspection of records (without copying).

1. Name of requestor: _____
(Print or Type; Initials 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. Record(s) requested for inspection/copying:
a. Previously inspected on _____ (date)
b. Type of record: Minutes Annual Report Financial Statements
 Budget Employee file Photograph/video
 Accident/Incident Report Contract Other
c. Detailed description of record(s) including relevant date(s) and subject matter:

5. 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: _____

6. Costs

- a. Number of pages to be copied: _____ Estimated
- b. Cost per page: 15 ¢ (black and white) 50 ¢ (color)
- c. Estimate of labor costs to produce the copy (for time exceeding the first 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 of 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