



City of Chattanooga

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.

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 (TN only)
 Other: _____

3. Requestor's address and contact information:

NAME _____
ADDRESS _____
CITY, STATE ZIP _____
EMAIL ADDRESS _____
TELEPHONE NUMBER _____

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 – Date and time _____

Other – Date and time _____

7. Costs :

a. Number of pages to be copied: _____ Estimated

b. Cost

(1) per page letter or legal sized: \$ _____ per black and white (justification required if more than \$0.15)
 \$ _____ per color; (justification required if more than \$0.50)

(2) per page other sized or other medium _____ : \$ _____ (justification required)

c. Estimate of labor costs to compile and produce (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 email. by phone Other: _____

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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