



Metropolitan Nashville Police Department  
Central Records Division  
811 Anderson Lane, Suite 100,  
Madison, TN 37115  
615-862-7631



**MNPD Open Records Request Form**

This form is to be completed for copies of records or files and inspection of Law Enforcement Personnel Records offered by the Metropolitan Nashville Police Department

Date: \_\_\_\_\_

This form complies with TENNESSEE CODE ANNOTATED - TITLE 10, CHAPTER 7, PART 5.

*Section A*

**Requestor Information:** (Business/Citizen Information)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Personal Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Requestor: *[Signature]* **FOR CARLETON PURIVS**

Send Results By:  Postal Mail  In Person  Email

**Photo copy of photo ID with address must be attached to this request.**

Note: Pursuant to T.C.A. § 10-7-503(a)(2)(B), "In the event it is not practicable for the record to be promptly available for inspection, the custodian shall, within seven (7) business days: (i) Make the information available to the requestor; (ii) Deny the request in writing or by completing a records request response form developed by the office of open records counsel. The response shall include the basis for the denial; or (iii) Furnish the requestor a completed records request response form developed by the office of open records counsel stating the time reasonably necessary to produce the record or information."

*Section B*

**Type of Service Requested:**

**Complaint Number:** \_\_\_\_\_

Background Check	Accident Report	Arrest Report	Photos
AVL Records	Incident Report	Visa Letter	Mug Shot*
Copy of Case File	Computer Report	Adoption Letter	Fingerprints*
Personnel Records/ Disciplinary File	OPA File: _____		
<small>IA/OPA Number if Known</small>			

Other (Please Explain in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Fingerprints and Mug Shots requests are completed by our Forensic Services Division located at 400 Myatt Drive, Madison, TN 37115

*Section C*

**Subject of Request (If request is for Inspection of MNPD Personnel Files skip to Section E)**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

A.K.A. Names (Maiden, Other, etc.) \_\_\_\_\_

1 (Last) \_\_\_\_\_ (First) \_\_\_\_\_

2 (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver License Number \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(NOTE: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.)

**Reason for Request:**


**For MNPD Personnel Record Requests:**

**Tenn. Code Ann. § 10-7-503**

(c)(1) Except as provided in § 10-7-504(g), all law enforcement **personnel** records shall be open for inspection as provided in subsection (a); however, whenever the personnel records of a law enforcement officer are inspected as provided in subsection (a), the custodian shall make a record of such inspection and provide notice, within three (3) days from the date of the inspection, to the officer whose personnel records have been inspected:

- (A) That such inspection has taken place;
- (B) The name, address and telephone number of the person making such inspection;**
- (C) For whom the inspection was made; and
- (D) The date of such inspection

I request to view the following employee personnel file:

Employee Name (Print)

Assignment (If Known)

**Reason for viewing file: If related to criminal or civil litigation, please give case name or other identifying information, i.e., docket #, etc.**


**Department Use Only:**

**Date Employee Notified:** \_\_\_\_\_ **Date Inspected:** \_\_\_\_\_ **Method of Notification:** \_\_\_\_\_

**Assignment Verified:** \_\_\_\_\_

**Undercover Comments:**

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**Department Use Only:**

Request Received By (Print)

Name \_\_\_\_\_ ENO \_\_\_\_\_ Date/Time \_\_\_\_\_

Request Processed By (Print)

Name \_\_\_\_\_ ENO \_\_\_\_\_ Date/Time \_\_\_\_\_

Fees Calculated By (Print)

Name \_\_\_\_\_ ENO \_\_\_\_\_ Date/Time \_\_\_\_\_

**Total Fees: \$** \_\_\_\_\_

**No. of Fingerprint Cards:** \_\_\_\_\_

**Results:** Mail: \_\_\_\_\_ Date \_\_\_\_\_ Faxed: \_\_\_\_\_ Date \_\_\_\_\_ Emailed: \_\_\_\_\_ Date \_\_\_\_\_

Placed at counter for pick-up \_\_\_\_\_ Date \_\_\_\_\_ Picked up \_\_\_\_\_ Date \_\_\_\_\_

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