



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: 1/9/20

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: Kent Hoover

Personal Home Address: 1199 Street Road _____ City Kingston Springs _____ State TN _____ Zip 37082

Personal Telephone Number: _____

Email Address: 84886-66970565@requests.muckrock.com

Signature of Requestor: *KH* for Kent Hoover

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."

Type of Service Requested: **Section B**

Complaint Number: _____

| | | |
|--|--|--|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Accident Report | <input type="checkbox"/> Dashcam - Date/Time: _____ / _____ Officer/Car# _____ |
| <input type="checkbox"/> ARL Records | <input type="checkbox"/> Incident Report | <input type="checkbox"/> Body Worn Camera - Date/Time: _____ / _____ Officer/Car# _____ |
| <input type="checkbox"/> Copy of Case File | <input type="checkbox"/> Computer Report | <input type="checkbox"/> Adoption Letter <input type="checkbox"/> Mug Shot* |
| <input type="checkbox"/> Personnel File | <input type="checkbox"/> Arrest Report | <input type="checkbox"/> Photos <input type="checkbox"/> Fingerprints* |
| <input type="checkbox"/> Disciplinary File | <input type="checkbox"/> Visa Letter | <input type="checkbox"/> OPA File: _____ IA/OPA Number if Known |
| <input type="checkbox"/> 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:

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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.

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Department Use Only:

Date Employee Notified: _____ **Date Inspected:** _____ **Method of Notification:** _____

Assignment Verified: _____

Undercover Comments:

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Department Use Only:

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|-------------------------------|--|----------------|-----------|
| 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: _____ | Faxed: _____ | Emailed: _____ | |
| Date | Date | Date | |
| Placed at counter for pick-up | Picked up | | |
| Date | Date | | |