



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

Melinda Vallarta on behalf of Kent Hoover

Signature of Requestor

Date

Date