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: Kent Hoover

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

Personal Telephone Number: 6172991832

Email Address: 101548-65738815@requests.muckrock.com

Signature of Requestor:

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: _____

☐ In Car Camera(s) - Date/Time:_____ / _____
Officer/Car# _____

☐ Body Worn Camera - Date/Time: _____ / _____
Officer(s) _____

☐ Background Check	☐ Accident Report
☐ ARL Records	☐ Incident Report
☐ Copy of Case File	☐ CAD Report
☐ Personnel File	☐ Arrest Report
☐ Disciplinary File	☐ Visa Letter

☐ Adoption Letter   ☐ Mug Shot▪

☐ Photos   ☐ Fingerprints▪

☐ OPA File: _____
IA/OPA Number if Known

PLEASE PROVIDE AS MUCH INFORMATION ABOVE AS POSSIBLE TO HELP FULFILL YOUR REQUEST

☑ Other *(Please explain in detail)*   Please see email.

▪*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:

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