



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Tennessee Citizen Request to Access and/or Obtain Copies of MPHD Public Records

Please email request to: MPHDPubRecRequest@nashville.gov

This request must be completed and submitted to the MPHD records custodian along with verification of your identity.

I, Kent Hoover, hereby request a copy of public record information of the Metro Public Health Department of Nashville & Davidson County.

I am a citizen resident of the State of Tennessee Yes No

1. I wish to:

Obtain a copy of MPHD public record information. I understand that there is a reproduction fee of:

- Black and White copies are \$0.15 per page; (8.5" x 11" or 8.5" x 14" size paper). Duplex (two-sided) are charged as two separate copies, or \$0.30 per page.
- Color copies are \$0.50 per page; (8.5" x 11" or 8.5" x 14" size paper). Duplex (two-sided) are charged as two separate copies, or \$1.00 per page.
- I understand that I am required to pay the reproduction fee, plus any costs of postage, before the copies will be released to me.

2. **Please provide detail about your requested public record, i.e., identify the specific record, department, division or program responsible for generating the public record you seek. Specify if you want the complete record or a portion of the public record.**

Animal Control ___ Vehicle Inspection ___ Engineering ___ Food Services ___
Pest Mgmt ___ Air Poll ___ Public Facilities ___ Other X

3. Map & Parcel Number _____

- Date Range: _____
- Specify what information you seek: Email correspondence, and all underlying documentation, attachments or other media associated with the responsive emails, between August 1, and the date this request is ultimately fulfilled sent to, from or copied to Michael Caldwell containing any of the non-case-sensitive key-strings: "school" AND "covid*" OR "coronavirus." We also consider any official business conducted by personal email addresses to be responsive to this request. _____

4. Signature Date: 10 / 02 / 2020

Phone: (____) _____ home Phone: (617) 299-1832 _____ cell

EMAIL: 102237-24433404@requests.muckrock.com

Verification of Valid Tennessee Identification (Proof of Tennessee Residency)