



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: 6-15-2020

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 _____

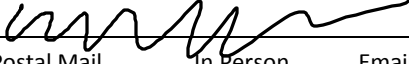
Business Telephone Number: _____

Print Full Name: Kent Hoover

Personal Home Address: 1199 Street Road City _____ State _____ Zip _____

Personal Telephone Number: _____

Email Address: _____

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."

Type of Service Requested: _____ *Section B*

Complaint Number: _____

Background Check Accident Report In Car Camera(s) - Date/Time: _____ / _____ Officer/Car# _____

ARL Records Incident Report Body Worn Camera - Date/Time: _____ / _____ Officer(s) _____

Copy of Case File CAD Report Adoption Letter Mug Shot*

Personnel File Arrest Report Photos Fingerprints*

Disciplinary File Visa Letter 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) _____

*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	Date	