



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: _____
Personal Home Address: _____ City _____ State _____ Zip _____
Personal Telephone Number: _____
Email Address: _____
Signature of Requestor:
Send Results By: <input type="checkbox"/> Postal Mail <input type="checkbox"/> In Person <input type="checkbox"/> Email
Photo copy of photo ID with address must be attached to this request.
<small>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."</small>

Type of Service Requested: Complaint Number: _____ <div style="display: flex; justify-content: space-between;"> <div> Background Check ARL Records Copy of Case File Personnel File Disciplinary File </div> <div> Accident Report Incident Report CAD Report Arrest Report Visa Letter </div> </div> <p style="color: red; text-align: center;">***PLEASE PROVIDE AS MUCH INFORMATION ABOVE AS POSSIBLE TO HELP FULFILL YOUR REQUEST***</p> Other (Please explain in detail) _____	Section B In Car Camera(s) - Date/Time: _____ / _____ Officer/Car# _____ Body Worn Camera - Date/Time: _____ / _____ Officer(s) _____ Adoption Letter Mug Shot▪ Photos Fingerprints▪ OPA File: _____ <div style="text-align: right;"><small>IA/OPA Number if Known</small></div>
*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 _____
<small>(NOTE: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.)</small>

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:

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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

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