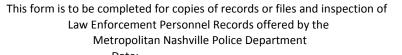


Metropolitan Nashville Police Department Central Records Division

MNPD Open Records Request Form





This form complies with TENNESSEE CODE ANNOTATED - TITLE 10. CHAPTER 7. PART 5.

Business Telephone Number: Fax Number: Fax Number:	This form co.	inplies with TENNESSEE CODE FRA	NOTATED - TITLE 10. CHAPTER 7.	TART J.	Section A			
Business Address: City State Zip Print Name: Home Address: City State Zip Telephone Number: Fax Number:	Requestor Information: (Business/C	itizen Information)						
Business Telephone Number: Fax Number: Print Name: Home Address: City State Zip Telephone Number: Fax Number: Famill Address: Fax Number: Famill Address: Signature of Requestor Sear Results By: Mail Fax Email In Person Photo copy of photo ID with address must be attached to this request. Note: Physical to 17-598(a)(2)(8), The the venit it in not practicable for the record to be promptly available for Impaction, the cutodian shall, within seven (7) business days: (1) Mails included the basis for the demial; or ling Furnish the requestor a completed person of the demial; or implementation of implementation. Type of Service Requested: Compaint Number: Background Check Accident Report Arrest Report Photos AVL Records Incident Report Visa Letter Mug Shot- Copy of Case File Computer Report Adoption Letter Fingerprints- Personnel Records/ Disciplinary File OPA File: Wide Personnel Records/ Disciplinary File OPA File: Wide Personnel Records (Please Explain in detail): **Fingerprints and Mays Shots requests are completed by our Forensic Services Division located at 400 Mynit Drive, Modifison, TN 37115 **Section C Subject of Request (If request is for Inspection of MNPD Personnel Files skip to Section E) Name (Last) (First) Q(Last) (First) Q(Last) (First) Date of Birth Race Sex Driver License Number Street Address: City State Zip	Business Name:							
Print Name: Home Address: Email Address: Email Address: Signature of Requestor: Send Requestor: Photo copy of photo ID with address must be attached to this request. Note: Fursuant to T.C.A. § 10.7:503(a)(2)(8), "in the event it is not practicable for the record to be promptly available for impection, the custodian shall, within seven (7) business days: (8) Make the information available to the requestor; (iii) Deny the request in writing or by completing a records request response form developed by the office of open records coursed. The response shall included the basis for the devilator (iii) Furnish the requestor a completed records request response form developed by the office of open records coursed. The response shall recipied the principation of the devilator (iii) Furnish the requestor a completed records request response form developed by the office of open records coursed. The response shall recipied the principation of the devilator (iii) Furnish the requestor a completed records request response form developed by the office of open records coursed. The response shall recipied the principation of the developed by the office of open records coursed stating the time reasonably necessary to produce the record or information." Section 8 Section 8 Section 9 Section 9 First Photos AV. Records Inclident Report Arrest Report Photos AV. Records Inclident Report Adoption Letter Fingerprints Personnel Records/ Disciplinary File Other (Please Explain in detail): **Fingerprints and Musp Shats requests are completed by our Forensic Services Division located at 400 Mynat Drive, Muddon, 717 37115 **Section 6 Subject of Request (If request is for Inspection of MNPD Personnel Files skip to Section E) Name (Last) (First) (Last) (First) (Last) (First) (Last) (First) (Last) (First) Date of Birth Race Sex Social Security Number Street Address: City State Zip	Business Address:	City	State	Zip				
Home Address: Telephone Number: Fax Numbe	Business Telephone Number:	Fax Number:						
Home Address: Telephone Number: Fax Numbe								
Telephone Number: Fax Number: Email Address: Signature of Requestor: Send Results By: Mail Fax Email In Person Photo copy of photo ID with address must be attached to this request. Note: Pursuant to T.C.A. § 10-7-503(a)(2)(8), "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 coursel. This response shall include the basis for the denits; or (ii) purish the requestor a completed records request response form developed by the office of open records coursel stating the time reasonably necessary to produce the record or information." Section 8 Type of Service Requested: Complaint Number: Background Check Accident Report Arrest Report Photos AVL Records Incident Report Visa Letter Mug Shot* Copy of Case File Computer Report Adoption Letter Fingerprints* Other (Please Explain in detail): Other (Please Explain in detail): **Fingerprints and Mug Shots requests are completed by our Forensic Services Division located at 400 Myart 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	Print Name:							
Email Address: Signature of Requestor: Send Results By: Mail Fax Email In Person Mote Pursuant to T.C.A. 9 10-7503(a)(2)(8), fin the event it is not practicable for the record to be promptly available for inspection, the custodian shall, within seven (7) business days: (3) 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 coursel. 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 coursel, 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 coursel, 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 coursel, 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 coursel stating the time reasonably recessary to produce the record or information.** Section 8 Type of Service Requested: Complaint Number: Background Check	Home Address:	City	State	Zip				
Signature of Requestor. Send Results By: Mail Fax Email In Person 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 stating the time reasonably necessary to produce 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 information." Section 8 Type of Service Requested: Complaint Number: Background Check Accident Report Arrest Report Photos AVI. Records Incident Report Visa Letter Mug Shot* Copy of Case File Computer Report Adoption Letter Fingerprints* Personnel Records/ Disciplinary File OPA File: Personnel Records/ Disciplinary File OPA File: IA/OPA Number If Known 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	Telephone Number:	Fax Nu	ımber:					
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Background Check AVL Records Incident Report Visa Letter Mug Shot* Copy of Case File Personnel Records/ Disciplinary File OPA File:	Type of Service Requested:							
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Street Address: City State Zip								
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Reason for Request:					
For MNDD Dorsonnol Doson	d Dogwoods.				Section
For MNPD Personnel Recor Tenn. Code Ann. § 10-7-503	u Requests:				
(c)(1) Except as provided in § 10 however, whenever the personne record of such inspection and probeen inspected: (A) That such inspection has take (B) The name, address and tele (C) For whom the inspection was	I records of a law enforcide notice, within the place; phone number of the	forcement officer are nree (3) days from the	inspected as provided at the inspect	ed in subsection (a), the cust	odian shall make a
(D) The date of such inspection	made; and				
I request to view the following er	nployee personnel fil	e:			
		Employee Nam	e (Print)		
		Lilipioyee Naili	e (Fillit)		
		Assignment (If Kn	own)		
Reason for viewing file: If relate	ed to criminal or civil	litigation, please giv	ve case name or ot	ner identifying information,	i.e., docket #, etc.
		Department l	Jse Only:		
Date Employee Notified:	Da	te Inspected:	Meth	od of Notification:	
Assignment Verified:					
Undercover Comments:					
					Section
Department Use Only:					
Request Received By (Print)	Name		ENO	Date/Time	
Request Processed By (Print)	Name		ENO	Date/ fille	
	Name		ENO	Date/Time	
Fees Calculated By (Print)	Name		ENO	Date/Time	
Total Fees: \$		No. of Fingerprint Cards:			
Results: Mail:	Fax	ed: Date	E	mailed: Date	
Placed at counter for pick-up			Picked up		
	Date			Date	·