



Metropolitan Nashville Police Department  
Central Records Division



**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.**

|  |  |             |                |
|--|--|-------------|----------------|
| <b>Section A</b>   |  |             |                |
| <b>Requestor Information:</b> (Business/Citizen Information)   |  |             |                |
| Business Name:   |  |             |                |
| Business Address:  |  | City        | State      Zip |
| Business Telephone Number:   |  | Fax Number: |                |
| Print Name:  |  |             |                |
| Home Address:  |  | City        | State      Zip |
| Telephone Number:  |  | Fax Number: |                |
| Email Address:   |  |             |                |
| Signature of Requestor:  |  |             |                |
| Send Results By: Mail      Fax      Email      In Person   |  |             |                |
| <b>Photo copy of photo ID with address must be attached to this request.</b>   |  |             |                |
| <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> |  |             |                |

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|---|-----------------|-----------------|---------------|
| <b>Section B</b>  |                 |                 |               |
| <b>Type of Service Requested:</b>   |                 |                 |               |
| 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* |
| Personnel Records/ Disciplinary File  | OPA File: _____ |                 |               |
| <small>IA/OPA Number if Known</small>   |                 |                 |               |
| Other (Please Explain in detail):   |                 |                 |               |
|   |                 |                 |               |
|   |                 |                 |               |
| <small>*Fingerprints and Mug Shots requests are completed by our Forensic Services Division located at 400 Myatt Drive, Madison, TN 37115</small> |                 |                 |               |

|   |      |                       |                |
|---|------|-----------------------|----------------|
| <b>Section C</b>  |      |                       |                |
| <b>Subject of Request (If request is for Inspection of MNPD Personnel Files skip to Section E)</b>  |      |                       |                |
| 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:**

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**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.**

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**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: \_\_\_\_\_ Date \_\_\_\_\_ Faxed: \_\_\_\_\_ Date \_\_\_\_\_ Emailed: \_\_\_\_\_ Date \_\_\_\_\_

Placed at counter for pick-up \_\_\_\_\_ Date \_\_\_\_\_ Picked up \_\_\_\_\_ Date \_\_\_\_\_

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