



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.

Section A			
Requestor Information: (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: <i>[Handwritten Signature]</i>			
Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> In Person			
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>			

Section B			
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*
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>			

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: _____ Date _____ Faxed: _____ Date _____ Emailed: _____ Date _____

Placed at counter for pick-up _____ Date _____ Picked up _____ Date _____

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