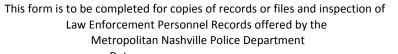


Metropolitan Nashville Police Department **Central Records Division**

MNPD Open Records Request Form





Requestor Information: (Business/GBUsiness Name: Business Address: Business Telephone Number:	Citizen Information) City							
Business Address:	City							
	City							
Business Telephone Number:		State	Zip					
	Fax Num	nber:						
Print Name:								
Home Address:	City	State	Zip					
Telephone Number:	Fax Nun							
Email Address:								
Signature of Requestor:								
Send Results By: Mail Fax	Email In Person							
	hoto copy of photo ID with address n	nust be attached to this request.						
Note: Pursuant to T.C.A. § 10-7-503(a)(2)(B), "In the end the information available to the requestor; (ii) Deny to include the basis for the denial; or (iii) Furnish the recator produce the record or information."	he request in writing or by completing a records	s request response form developed by the o	ffice of open records counsel. T	he response sha				
				Section				
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 Fil	e OPA File:							
		IA/OPA Number if Known						
Other (Please Explain in detail):								
5:			A4 /: TN 27445					
•Fingerprints and Mug	Shots requests are completed by our Forensic So	ervices Division located at 400 Myatt Drive,	iviaaison, TN 37115					
_				Section				
Subject of Request (<i>If request is f</i>	or Inspection of MNPD Persor	nnel 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					

					Section L	
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	·	