

STATE OF TENNESSEE DEPARTMENT OF CORRECTION 6TH FLOOR RACHEL JACKSON BUILDING 320 SIXTH AVENUE NORTH NASHVILLE, TENNESSEE 37243-0465

INSPECTION / DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the **records custodian** is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8. Do not sign and date the signature line until the records are delivered to the requestor.

Note: Section I of Public Chapter 1179, Acts of 2008, amends Tenn. Code Ann. 10-7-503(a) adding (7)(a) to provide that unless the law specifically requires such, a request to inspect is not required to be in writing nor can a fee be assessed for inspection of records.

1.	Name of requestor:						
		ame of requestor: (Print or Type; Initials required for copy requests)					
2.	Form o	orm of identification provided:					
	□ Photo ID issued by governmental entity including requestor's address						
		Other:					
3.	Reques	stor's address and contact information:					
<u></u> 4.	Record(s) requested to be inspected/copied:						
	a.	a. Previously inspected on(date); □ Inspection waived					
b. Type of record: ☐ Minutes ☐ Annual Report ☐ Annual Financial Statements ☐ Budget ☐ Other							
	C.	Detailed Description of the record(s) including relevant date(s) and subject matter:					
5.	Request submitted to:						
a. Employee receiving request:							
	b.	Date and time request was received:					
	C.	Response: Same day Other					

6.	Costs						
	a.	Number of pages to be copied	□ Estim	ated			
	b.	Cost per page:					
	C.	Estimate of labor costs to produce the copy (for time exceeding 1 hour):					
		□ Labor at \$/hour for	hour(s).				
		□ Labor at \$/hour for	hour(s).				
		□ Labor at \$/hour for	hour(s).				
	d. Programming cost to extract information requested:						
	e.	Method of delivery and cost:	□ Estima	ated			
		☐ On-site pick up ☐ U.S. Postal Service	□ Other:				
	f. Estimate of total cost to produce request:						
	g. Estimate of total cost provided to requestor: □ In Person □ By USPS □ By Phone □ Other:						
7. Form, Amount, Date of Payment:							
	a.	Form of payment: Cash Check	☐ Other				
	b.	Amount of payment:					
	C.	Date of payment:		-			
8.	. Date of Delivery:						
9.	Signature	e of Records Custodian		Date			
0.	Signature	e of Requestor		Date			