



## CITY OF KNOXVILLE REQUEST FOR INSPECTION AND DUPLICATION OF PUBLIC RECORDS

**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 only, 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. Payment is due prior to delivery of copies.

**NOTE: Pursuant to Tenn. Code Ann. § 10-7-503(a)(7)(A), unless the law specifically requires it, a request to inspect public records (without copying) is not required to be writing, nor can a fee be assessed for inspection of records (without copying).**

1. Name of requestor: \_\_\_\_\_  
(Print or Type; Initials required for copy requests)

2. Form of identification provided:  
 Photo ID issued by governmental entity including requestor's address  
 Other: \_\_\_\_\_

3. Requestor's address and contact information:  
\_\_\_\_\_  
\_\_\_\_\_

4. Record(s) requested for inspection/copying:  
a. Previously inspected on \_\_\_\_\_ (date)  
b. Type of record:  Minutes  Annual Report  Financial Statements  
 Budget  Employee file  Photograph/video  
 Accident/Incident Report  Contract  Other  
c. Detailed description of record(s) including relevant date(s) and subject matter:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Request submitted to: \_\_\_\_\_  
(Name of Governmental Entity, Office or Agency)  
a. Employee receiving request: \_\_\_\_\_  
(Print or Type and Initial)  
b. Date and time request received: \_\_\_\_\_  
c. Response:  Same day  Other: \_\_\_\_\_

6. Costs

- a. Number of pages to be copied: \_\_\_\_\_  Estimated
- b. Cost per page: 15 ¢ (black and white) 50 ¢ (color)
- c. Estimate of labor costs to produce the copy (for time exceeding the first 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: \_\_\_\_\_  Estimated
  - On-site pick-up  U.S. Postal Service  Other: \_\_\_\_\_
- f. Estimate of total cost to produce request: \_\_\_\_\_
- g. Estimate of 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Records Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date