



**Metro Public Health Dept**  
 Nashville / Davidson County  
 Protecting, Improving, and Sustaining Health

Tennessee Citizen Request to Access and or Obtain Copies of MPHD Public Records  
 (This request must be completed and submitted to the MPHD records custodian along with verification of your identity.)

I \_\_\_\_\_, hereby request that I be allowed to obtain a copy of public record information of the Metro Public Health Department of Nashville & Davidson County.

I am a citizen resident of the State of Tennessee Yes \_\_\_\_\_ No \_\_\_\_\_

1. I wish to:

- Obtain a copy of MPHD public record information. I understand that there is a reproduction fee of \$0.15 per page for (8.5" X 11" or 8.5" X 14" size paper) for black and white copies. Duplex copies (two sided) are charged as two separate copies.
- Charge of \$0.50 per page for (8.5" X 11" or 8.5" X 14" size paper) for color copies.

I understand that I am required to pay the reproduction fee plus any costs of postage before the copies will be released to me.

2. Please provide detail about your requested public record, i.e. identify the specific record, department, division or program responsible for generating the public record you seek. Specify if you want the complete record or a portion of the public record.

- Department Name: \_\_\_\_\_
- Name of Public Record: \_\_\_\_\_
- Date of Public Record: \_\_\_\_\_
- Specify what information you seek: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

3. Verification of Valid Tennessee Identification (Proof of Tennessee residency)

- TN Driver's License #: \_\_\_\_\_ Exp: \_\_\_\_\_
- Other Valid TN Identification #: \_\_\_\_\_

4. Signature: \_\_\_\_\_ / / \_\_\_\_\_

Date