



Metropolitan Nashville Police Department
 200 James Robertson Parkway, Nashville, TN 37201



MNPD Open Records Request Form Tenn. Code Ann. § 10-7-503(7)(A)

This form is to be completed for request of records or files offered by the
 Metropolitan Nashville Police Department

Date: _____

Photo copy of photo ID with address must be attached to this request. Tenn. Code Ann. § 10-7-503(a)(7)(A)

Section A

Requestor Information: (Business/Citizen Information)

Business Name: _____

Business Address: _____ City _____ State _____ Zip _____

Business Telephone Number: _____ Fax Number: _____

Insurance Agent or Private Investigator requesting accidents with driver license number info. Tenn. Code Ann. § 55-25-107

Print Name: _____

Home Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Signature of Requestor: _____

Send Results By: Mail Fax Email In Person

Photo copy of photo ID with address must be attached to this request. Tenn. Code Ann. § 10-7-503 (7)(A)

Note: MNPD has 7 business days to process all request. Central Records results cannot be faxed.
 If unable to process the request, a notification of denial or letter advising the approximate date of when the request will be completed will be sent out within the 7 days. Tenn. Code Ann. § 10-7-503 (a)(2)(B)

Section B

Tenn. Code Ann. § 10-7-503(a)(7)(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/File	OPA/Disciplinary File: _____		

IA/OPA Number if Known

Other (Please Explain in detail): _____

*Fingerprints and Mug Shots requests are completed by our Forensic Services Division located at 400 Myatt Drive, Madison, TN 37115

Section C

Tenn. Code Ann. § 10-7-503 (7)(B)

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 _____

(NOTE: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.)

<i>Section D</i>
Reason for Request:

<i>Tenn. Code Ann. § 10-7-503 (c)(1)</i>	<i>Section E</i>
For MNPD Personnel Record Requests:	
As per TCA 10-7-503 (c)(1), any person making an inspection of such records shall provide such person's name, address, business telephone number, home telephone number, driver license number or other appropriate identification prior to inspecting such records.	
I request to view the following employee file:	
Employee Name (Print):	
Assignment (If Known):	
an employee of the Metropolitan Government of Nashville and Davidson County, on (inspection date) _____, in accordance with Tenn. Code Ann. § 10-7-503(c)(1) that all law enforcement personnel records shall be open for inspection. A copy of this form will be provided to the above named employee within three (3) days from the date of the inspection.	
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:	

<i>Section F</i>			
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:	Faxed:	Emailed:	
Date	Date	Date	
Placed at counter for pick-up		Picked up	
Date		Date	