



# 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

Please email request to: [MPHDPubRecRequest@nashville.gov](mailto:MPHDPubRecRequest@nashville.gov)

This request must be completed and submitted to the MPHD records custodian along with verification of your identity.

I, \_\_\_\_\_, hereby request 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:

- Black and White copies are \$0.15 per page; (8.5" x 11" or 8.5" x 14" size paper). Duplex (two-sided) are charged as two separate copies, or \$0.30 per page.
- Color copies are \$0.50 per page; (8.5" x 11" or 8.5" x 14" size paper). Duplex (two-sided) are charged as two separate copies, or \$1.00 per page.
- 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.**

Animal Control \_\_\_ Vehicle Inspection \_\_\_ Engineering \_\_\_ Food Services \_\_\_  
Pest Mgmt \_\_\_ Air Poll \_\_\_ Public Facilities \_\_\_ Other \_\_\_

3. Map & Parcel Number \_\_\_\_\_

- Date Range: \_\_\_\_\_
- Specify what information you seek: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ home Phone: (\_\_\_\_) \_\_\_\_\_ cell

EMAIL: \_\_\_\_\_

**Verification of Valid Tennessee Identification (Proof of Tennessee Residency)**