INSPECTION/DUPLICATION OF RECORDS REQUEST

Per Tenn. Code Ann. 10-7-503(a) and as adopted by Metro Executive Order 35, unless another provision in law specifically requires written request, a request to inspect public records may not be required to be in writing nor can a fee be assessed for inspection of records. Per Metro Executive Order No. 35 a department may require a request for copies of public records to be in writing. Your request will be processed as soon as reasonably possible and normally within seven (7) business days. If the request cannot be reasonably processed within seven (7) business days you will be notified.

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

2. Form of identification provided (If required):
   ____Photo ID issued by governmental entity including requestor’s address
   ____Other: _______________________________________

3. Requestor’s address: __________________________________________
   __________________________________________
   __________________________________________

4. Contact Phone Number: __________

5. Request for: ____inspection only or ____copy

6. Please provide a detailed description of the record(s) including relevant date(s) and subject matter:
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

Requests may be hand delivered or mailed to:

Human Resources Department
404 James Robertson Pkwy 10th Floor
Nashville, TN 37219

You may fax the request to our fax number: 615-862-6654 or email to tara.stewart@nashville.gov

________________________________________________________________________________________

FOR OFFICE USE ONLY

________________________________________________________________________________________

Employee receiving request: ______________________ (Print or Type and Initial)

Date and time request received: ______________________

Response: ___ same day or date provided ___________.
Cost Estimate

7. Cost estimate provided at time of request (if applicable):
   a. Number of pages to be copied: ______________ Estimated
   b. Cost:
      (1) Per page letter or legal sized $______$0.15) per black and white $______$0.50) per color
   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: ______________ Estimated
      On-site pick-up __U.S. Postal Service Other: ______________________
   f. Estimate of total cost to produce request: ______________________
   g. Estimate provided to requestor: ___ in person ___ by U.S.P.S. ___ by phone
      Other (explain):

8. Payment:
   a. Form of payment: _____ Cash or _____ Check
   b. Amount of payment: ___________________________________________________________
   c. Date of payment: __________________________________________________________________
   d. Actual cost (and adjustment if prepaid):_____________________________________________

9. Date of access to records ______________ and/or delivery of copies: _________________

_____________________________________________ ______________________
Signature of Records Custodian Date

_____________________________________________ ______________________
Signature of Requestor Date