

Consent Form to Release Accident Report

Person named on Accident Report

Address

City, State, Zip Code

Letter Date

Metro Nashville Police Department
Central Records Division
811 Anderson Lane, Suite 100
Madison, TN 37115

To Whom It May Concern,

I, _____, authorize _____ to
Person named on Accident Report Name of authorized person

obtain a copy of accident report number _____, with no redactions from
the Metro Nashville Police Department.

Sincerely,

Signature of the Person named on Accident Report

Date

Governed by TCA 10-7-504 (a) (31) (B), amended July 1, 2019

SIGNATURE MUST BE NOTARIZED

State of _____ **County of** _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary's Signature: _____

Notary's commission expires: _____/_____/20_____