



INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-5, and sign and date section 9 at the time the request is made. Requestors who are retrieving the requested records from the office of the records custodian in person should not sign and date section 11 until the records are received. Requestors who are having the records emailed or mailed to him/her are not required to sign and date section 11 of the form.

Custodian Instructions: For requests to inspect, the records custodian is to fill in sections 1-6, 8, and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the requestor inspects the records. For requests for copies or duplicates, the records custodian is to fill in sections 6-8 and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the records are retrieved by or delivered to the requestor. **Note: Tenn. Code Ann. § 10-7-503(a)(7)(A) provides that unless another provision in law specifically requires a 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.**

1. Name of requestor: _____
(If applicable, include agency name and unit number)

2. (If required) Form of identification provided:

Photo ID issued by governmental entity including requestor's address

Other: _____

3. Requestor's address and contact information (email/phone number): _____

4. Request for: inspection/access copy/duplicate

5. Record(s) requested:

a. Type of record: CAD Report Audio Financial Statements 911 Addressing
 Budget Minutes Employee File Other _____

b. Detailed Description of the record(s) including relevant date(s) and subject matter:

6. Request submitted to: **Robertson County Emergency Communications District**

(Name of Governmental Entity, Office or Agency)

a. Employee receiving request: _____

b. Date and time request received: _____

c. Response: Same day Other _____

7. Costs (if assessed):

a. Number of pages to be copied: _____

b. Cost

(1) Per page letter or legal sized: \$_____ (\$0.15) per black and white \$___ (\$0.50) per color

c. Estimate to produce and/or send:

Labor at \$_____/hour for_____hour(s).

CD/DVD \$_____ Postage \$_____

d. Programming cost to extract information requested:_____

e. Method of delivery: On-site pick-up U.S. Postal Service Email Other_____

f. Estimate of total cost to produce request:_____

g. Estimate provided to requestor: in person by U.S.P.S. Phone Email:_____

8. Payment:

a. Form of payment: Cash Check Other

b. Amount of payment: _____

c. Date of payment: _____

d. Actual cost (and adjustment if prepaid): _____

9. _____
Signature of Requestor

Date Records Requested

10. _____
Signature of Records Custodian

Date of Receipt of Request

Delivery/Retrieval of Records

11. _____
Signature of Requestor

Date Records Retrieved

12. _____
Signature of Records Custodian/Released By

Date Records Retrieved/Delivered

NOTE TO REQUEST TAKER: If audio or CAD report is requested, attach a copy of CAD printout(s).