



## CITY OF FAYETTEVILLE REQUEST FOR INSPECTION AND DUPLICATION OF PUBLIC RECORDS

**Requestor Instructions:** To make a request for copies of public records fill in sections 1-5. Do not sign and date the signature line until the records are received.

**Custodian Instructions:** For requests to inspect only, the records custodian is to fill in sections 1-6 and 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, 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. Payment is due prior to delivery of copies.

**NOTE: Pursuant to 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: \_\_\_\_\_  
(Print or Type; Initials required for copy requests)

2. Form of identification provided:

Photo ID issued by governmental entity including requestor's address

Other: \_\_\_\_\_

3. Requestor's address and contact information:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

4. Request for:

inspection/access

copy/duplicate [previously inspected on \_\_\_\_\_ (date) or  inspection waived]

5. Record(s) requested for inspection/copying:

a. Type of record:  Minutes  Annual Report  Annual Financial Statements

Budget  Employee file  CAD Report

911 Recording

Other \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Request submitted to: \_\_\_\_\_

(Name of Governmental Entity, Office or Agency)

a. Employee receiving request: \_\_\_\_\_

(Print or Type and Initial)

b. Date and time request received: \_\_\_\_\_

c. Response:  Same day  Other: \_\_\_\_\_

7. Costs

a. Number of pages to be copied: \_\_\_\_\_  Estimated

b. Cost

(1) per page letter or legal sized:

\$\_\_\_\_\_ (justification required if more than \$0.15) per black and white

\$\_\_\_\_\_ (justification required if more than \$0.50) per color;

(2) per page other sized or other medium \_\_\_\_\_:

\$\_\_\_\_\_ (justification required)

(3)  CD \$20.00 \_\_\_\_\_

c. Estimate of labor costs to produce the copy (for time exceeding the first 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 of cost provided to requestor:  in person  by USPS  by phone

Other: \_\_\_\_\_

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

\_\_\_\_\_

Date Records Retrieved/Delivered/Inspected