

INSPECTION/DUPLICATION OF RECORDS REQUEST

CITY OF MARYVILLE
Community Relations Manager
406 West Broadway Avenue
Maryville, Tennessee 37801
(865) 273-3457

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

2. Form of identification provided: _____
 Photo ID issued by governmental entity including requester's address showing TN citizenship

3. Requester's address and contact information: _____

4. Record(s) requested to be inspected/copied:
a. Previously inspected on _____ (date); inspection waived
b. Type of record: Minutes Annual Report Annual Financial
 Statements Budget Employee File Other
c. Detailed Description of the record(s) including relevant date(s) and subject matter:

5. 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 _____

a. Number of pages to be copied: _____ Estimated

b. Cost per page: _____

c. Estimate of labor costs to produce the copy (for time exceeding 1 hour): _____

Labor at \$ _____ /hour for _____ hours(s).

Labor at \$ _____ /hour for _____ hours(s).

Labor at \$ _____ /hour for _____ hours(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 total cost provided to requester:

In person by USPS by phone

Other:

7. Form, Amount, Date of Payment:
a. Form of payment: Cash Check Credit Card
b. Amount of payment: _____
c. Date of payment: _____

8. Date of Delivery: _____

Signature of PRRC or her designee _____ Date _____

Signature of Requester _____ Date _____