



## Inspection/Duplication of Records Request

### Public Records Request Coordinator

404 West Broadway Avenue | Maryville, Tennessee 37801 | Phone: (865) 273-3401

1. Name of requester: \_\_\_\_\_ Initials \_\_\_\_\_  
*(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: \_\_\_\_\_  
Requester's phone number: \_\_\_\_\_ Email address: \_\_\_\_\_
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: \_\_\_\_\_

#### The remainder of this form is for internal use only.

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: \_\_\_\_\_
6. Costs of duplication
  - 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 \$ \_\_\_\_\_/hours for \_\_\_\_\_ hours(s).  
Labor at \$ \_\_\_\_\_/hours for \_\_\_\_\_ hours(s).  
Labor at \$ \_\_\_\_\_/hours 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 \_\_\_\_\_