

# TOWN OF PEGRAM

P.O. Box 249, Pegram, TN 37143

Voice: 615-646-0773 / Fax 615-646-68696869

[PegramCityHall@Comcast.net](mailto:PegramCityHall@Comcast.net) / <http://www.peggram.net>

## INSPECTION/DUPLICATION OF RECORDS REQUEST FORM

**Requestor Instructions:** To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

**Custodian Instructions:** For requests to inspect, the **records custodian** is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8. Do not sign and date the signature line until the records are delivered to the requestor.

**Note: Section 1 of Public Chapter 1179, Acts of 2008, amends Tenn. Code Ann. § 10-7-503(a) adding (7)(A) to provide that unless the law specifically requires such, a request to inspect is not required to be 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: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

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### 6. Costs

- a. Number of pages to be copied: \_\_\_\_\_  Estimated
- b. Cost per page: \_\_\_\_\_
- c. Estimate of labor costs to produce the copy (for time exceeding 5 hours): \_\_\_\_\_
- 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 total cost provided to requestor:  in person  by U.S.P.S.  by phone
- Other: \_\_\_\_\_

### 7. Form, Amount, Date of Payment:

- a. Form of payment:  Cash  Check
- b. Amount of payment: \_\_\_\_\_ Receipt # \_\_\_\_\_
- c. Date of payment: \_\_\_\_\_

8. Date of Delivery: \_\_\_\_\_

\_\_\_\_\_  
Signature of Records

\_\_\_\_\_  
Custodian Date

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date