



# INSPECTION/DUPLICATION OF RECORDS REQUEST

## TOWN OF PEGRAM

P.O. Box 249, Pegram, TN 37143  
Voice: 615-646-0773 / Fax 615-646-6869

**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, the **records custodian** is to fill in sections 1-6 and 9. For requests for copies or duplicates, the records custodian is to fill in sections 6-9. Do not sign and date the signature line until the records are 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: \_\_\_\_\_  
(Print or Type; Initials of requestor are required for copy requests)

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: \_\_\_\_\_  
\_\_\_\_\_

4. Request for:  inspection/access  copy/duplicate [previously inspected on \_\_\_\_\_ (date) or  inspection waived]

5. Record(s) requested:  
a. Type of record:  Minutes  Annual Report  Annual Financial Statements  
 Budget  Employee file  Other  
b. Detailed Description of the 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 (if assessed):

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)

c. Estimate of labor costs to produce the copy (for time exceeding 1 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 provided to requestor:  in person  by U.S.P.S.  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. Date of:  access to records \_\_\_\_\_ and/or

delivery of copies: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date