

**Inspection/Duplication of Records Request**  
*Tenn. Code Ann. § 10-7-503(a)(7)(A) Revised effective 1/1/2009 Form #CT-0445*

**Requestor Instructions:** To make a request for copies of public records, complete sections 1 – 5. Do not sign and date the signature line until the records are received. Return this request either in person; by mail to City of Morristown, Administration Office, P.O. Box 1499, Morristown, TN 37816-1499, or email to [dstamey@mymorristown.com](mailto:dstamey@mymorristown.com) Records request must be accompanied by a government issued photo identification, which includes the requestor's address.

**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. Form of Identification provided:

Photo ID issued by government 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:

\_\_\_\_\_  
(use back of for if additional space is needed or attach written request to form)

6. Request submitted to City of Morristown, Tennessee

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