



# Town of Arlington

5854 Airline Road  
P.O. Box 507  
Arlington, TN 38002

## Inspection/Duplication of Records Request

**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 of 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 Annotated 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 in writing nor can a fee be assessed for inspection of records.

1. Name of Requestor: \_\_\_\_\_

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/duplicated:

A. Previously inspected on \_\_\_\_\_  Inspection Waived

B. Type of Record:

Minutes

Budget

Annual Report

Employee File

Annual Financial

Other

Statements

C. Detailed Description of the record(s) including relevant date(s) and subject matter:

---

---

---

5. Request submitted to: \_\_\_\_\_

A. Employee Receiving the Request: \_\_\_\_\_

B. Date and Time Request Received: \_\_\_\_\_

C. Response:  Same Day  Other: \_\_\_\_\_

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

F. Estimate of Total Cost to Produce Request: \_\_\_\_\_

G. Estimate of Total Cost Provided to Requestor:  in person  by USPS  by phone

Other: \_\_\_\_\_

7. Form, Amount, Date of Payment:

A. Form of Payment:  Cash  Check  Other: \_\_\_\_\_

B. Amount of Payment: \_\_\_\_\_

C. Date of Payment: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date