

CITY OF GERMANTOWN
INSPECTION/DUPLICATION OF RECORDS REQUEST

TPRA NO: 2016-_____

Requestor: Please complete Sections 1-4 or will be completed by the City of Germantown.

1. Name of requestor: _____ Date: _____

2. Form of identification provided:

Photo ID issued by governmental entity including requestor's address

Other: _____

3. Requestor's address and contact information: (Requestor must reside in Tennessee)

Address: _____

Email: _____ Phone: _____

4. Request

a. Record to be inspected

b. Inspection waived

c. Previously inspected on: _____

d. Record to be copied/duplicated - Signature required below

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

Signature of Requestor: _____ Date: _____

Signature of Staff: _____ Date: _____

Signature of Records Custodian: _____ Date: _____

Submitted for Production To: _____ Date: _____

Signature of Producer: _____ Date: _____

Notes: _____

5. Costs for Copies/Duplication

a. Number of pages to be copied: _____ Estimated

b. Cost per page: _____

(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).

Programming cost to extract information requested:

d. Method of delivery and cost: \$_____ On-site pick-up USPS Other: _____

e. Estimate of **total cost** to produce request: _____

f. Estimate of total cost provided to requestor: in person USPS by phone Other: _____

Provided by: _____ Date _____

6. Payment:

a. Form of payment: Cash Check Other _____

b. Amount of payment: _____ Date of payment: _____

7. Delivery of Request to Inspect/Receive Copies:

Signature of Requestor: _____ Date: _____

Signature of Records Custodian: _____ Date: _____