

City of Lexington  
**INSPECTION/DUPLICATION OF RECORDS REQUEST**

**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 City Recorder/Designee is to fill in sections 1-6 and 9. For requests for copies or duplicates, the City Recorder/Designee 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 and Initial)

2. 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 \_\_\_\_\_ or  inspection waived)  
(Date)

5. Record(s) requested:  Minutes  Annual Financial  Monthly Financial  Budget  Employee File  Other  
Detailed Description of the record(s) including relevant date(s) and subject matter:  
\_\_\_\_\_  
\_\_\_\_\_

6. Request submitted to: \_\_\_\_\_  
(Name of Governmental Entity, Office or Agency)

Employee receiving request: \_\_\_\_\_  
(Print or Type and Initial)

Date and time request received: \_\_\_\_\_

Response:  Same Day  Other \_\_\_\_\_

7. Costs: Number of copies: \_\_\_\_\_  Black & White \$0.15/page \_\_\_\_\_  Color \$0.50/page \$ \_\_\_\_\_  Estimate  
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) = \_\_\_\_\_ \$ \_\_\_\_\_  Estimate

Other cost to reproduce request: \_\_\_\_\_ \$ \_\_\_\_\_  Estimate

Method of delivery and cost:  
 On-site pick-up  U.S.P.S.  Other: \_\_\_\_\_ \$ \_\_\_\_\_  Estimate

Total Cost to Produce Request: \$ \_\_\_\_\_

Cost provided to requestor:  In person  U.S.P.S.  Phone  Other: \_\_\_\_\_

8. Payment: Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  Cash  Check  Other \_\_\_\_\_

9. Date of:  Access to records: \_\_\_\_\_  Delivery of copies: \_\_\_\_\_

\_\_\_\_\_  
Signature - City of Lexington Date Signature - Requestor Date