

WATER AND WASTEWATER AUTHORITY OF WILSON COUNTY, TENNESSEE

INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-5, and sign and date section 9 at the time the request is made. Requestors who are retrieving the requested records from the office of the records custodian in person should not sign and date section 11 until the records are received. Requestors who are having the records emailed or mailed to him/her are not required to sign and date section 11 of the form.

Custodian Instructions: For requests to inspect, the **records custodian** is to fill in sections 1-6,8, and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the requestor inspects the records. For requests for copies or duplicates, the records custodian is to fill in sections 6-8 and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the records are retrieved by or delivered to the requestor.

1. Name of Requestor:

(Print or Type; Initials of requestor are required for copy requests)

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 _____ (date) or inspection waived]

5. Record(s) requested: 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: \$0.15 \$0.50 per color;

(2) per page other sized or other medium _____: \$ _____

Costs continued:

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. _____

Signature of Requestor/Date Records Requested

10. _____

Signature of Records Custodian/Date of Receipt of Request

Delivery/Retrieval of Records

11. _____
Signature of Requestor/Date Records Retrieved

12. _____
Signature of Records Custodian/Date Records Retrieved/Delivered
Or

Date Records Inspected by the Requestor