



**TOWN OF COLLIERVILLE
PUBLIC RECORDS REQUEST FORM**

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/copied:**

a. Previously inspected on _____ (date); _____ Inspection waived

b. Type of record: _____ Minutes _____ Annual Report _____ Annual Financial Statements
_____ Budget _____ Employee file _____ Other

c. Detailed description of the record(s) including relevant date(s) and subject matter:

5. **Request submitted to:** _____

(Name of Governmental Entity, Office or Agency)

a. Employee receiving 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: \$.15/page for black and white or \$.50 page for color

c. Estimate of labor costs to produce the copy (1st hr. no charge; ea. add. hr./actual salary cost of personnel – no benefits): _____

____ Labor at \$____/hour for _____ hour(s).

____ Labor at \$____/hour for _____ hour(s).

____ Labor at \$____/hour for _____ hour(s).

d. Estimate of total cost to produce request: _____

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

Send Completed Request to: lcarmack@ci.collierville.tn.us