

SUMNER COUNTY ELECTION COMMISSION

1019 Union School Rd * Gallatin, TN 37066

Phone (615) 452-1456 * Fax (615) 230-6147 * E-Mail elections@sumnercountyttn.gov * Website
votesumnerTN.org

INSPECTION/DUPLICATION OF PUBLIC RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records, complete sections 1 – 3. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the records custodian is to complete sections 1 - 5 and 8. For requests for copies, the records custodian is to complete sections 5 – 8. Do not sign and date the signature line until the records are delivered to the requestor.

Note: TCA 10-7-503(a)(7)(A) states that a request to inspect is not required to be in writing nor can a fee be assessed for inspection of records.

Date: _____

1. Name of Requestor: _____ Phone: _____
Address: _____ E-Mail: _____
City, State, Zip: _____ Fax: _____
2. Form of Identification provided: (Election Deputy – maintain copy for file)
Photo ID issued by governmental entity including requestor's address. Type: _____
Other (Specify): _____
3. Record (s) requested to be inspected/copied:
 - a. Type of record: Voter History: _____ Financial Disclosure: _____ Voting #'s by Precinct: _____
Walk List: _____ Early Voting Names: _____ Political Treasurer Appt: _____ Copy of Voter Reg: _____
Restoration of Rights: _____ Voter Reg Application: _____ Other: _____
 - b. Detailed Description of the record(s) including relevant date(s) and subject matter:

4. Employee receiving request: _____ Initial: _____
Date and time request received: ____/____/____ Time: ____:____ am/pm(Circle One)
Response shall be: Same day: _____ Other: (Specify): _____
5. Method of Delivery:
On site pick-up: _____ U.S. Postal Service: _____ Fax: _____ E-Mail: _____ Other: _____

6. Costs

a. Number of pages to be copied: _____ Cost per page: .15 Black and White .50 Color

b. Labor costs to produce the copy for time exceeding 1 hour \$15/hour

If costs for copies are assessed, the requestor has a right to receive an estimate. Do you wish to waive your right to an estimate and agree to pay copying and duplication costs in an amount not to exceed \$: _____ If so, initial here: _____

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 : _____

You request is denied on the following grounds:

_____ Your request was not sufficiently detailed to enable identification of the specific requested record(s).
You need to provide additional information to identify the requested record(s).

_____ No such record(s) exist or this office does not maintain record(s) responsive to your request

_____ No proof of identification was presented with your request. Your request will be reconsidered upon presentation of an adequate form of identification.

_____ You have not paid the estimated copying/production fees.

_____ The following state, federal or other applicable law prohibits disclosure of the requested records:

It is not practicable for the records you requested to be made promptly available for inspection and/or copying because:

_____ The office is still in the process of retrieving, reviewing and/or redacting the requested records.

The time reasonable necessary to produce the record(s) or information and/or to make a determination of a proper response to your request is: _____