

## PUBLIC RECORDS REQUEST FORM

The Tennessee Public Records Act (TPRA) grants Tennessee citizens the right to access open public records that exist at the time of the request. The TPRA does not require records custodians to compile information or create or recreate records that do not exist.

**To:**

*[Insert Governmental Entity Name and Name and Contact Information for the Public Records Request Coordinator]*

**From:**

**Name:**  
**Phone:**  
**Address:**

*[Insert Requestor's Name and Contact Information (include an address for any TPRA required written response)]*

**Is the requestor a Tennessee citizen?**  Yes  No

**Request:**

- Inspection (The TPRA does not permit fees or require a written request for inspection only<sup>i</sup>.)  
 Copy/Duplicate

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: \_\_\_\_\_.

**Delivery preference:**

- On-Site Pick-Up       USPS First-Class Mail  
 Electronic (Cloud Share)       Other: \_\_\_\_\_

**Records Requested:**

EMAIL: \_\_\_\_\_

Provide a detailed description of the record(s) requested, including: (1) type of record; (2) timeframe or dates for the records sought; and (3) subject matter or key words related to the records. Under the TPRA, record requests must be sufficiently detailed to enable a governmental entity to identify the specific records sought. As such, your record request must provide enough detail to enable the records custodian responding to the request to identify the specific records you are seeking.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Public Records Request Coordinator and Date Received

<sup>i</sup> Note, Tenn. Code Ann. § 10-7-504(a)(20)(C) permits charging for redaction of private records of a utility.

This page must be completed if the requester is NOT involved in the accident. If the requester falls into one of the categories listed below, this form will need to be completed to receive an un-redacted copy of the report or copies of videos.

Accident Report and/or Video Certification for Release Without Redaction.

Cleveland Police Department, Cleveland, Tennessee

Name (party to accident): \_\_\_\_\_

Date of accident: \_\_\_\_\_

Location of accident: \_\_\_\_\_

I \_\_\_\_\_, was involved in the accident referenced above. I hereby give consent to the Cleveland Police Department, Cleveland, Tennessee to release the accident report and/or video referenced above to \_\_\_\_\_, without redacting my personal identifying information on said report. This person is my (select one) for purposes of this request:

- Agent
- Legal representative
- Attorney
- My insurer, or its agent, employee or contractor in connection with claims investigation activities, antifraud activities, rating or underwriting
- Parent
  - I \_\_\_\_\_ certify that I am the parent/legal guardian of \_\_\_\_\_ and I have child's permission to obtain an unredacted copy of their accident report.

This certification is made pursuant to T.C.A. § 10-7-504(a)(31). I waive any and all claims I may have against the City of Cleveland, Tennessee and Cleveland Police Department connected with the release of the accident report and/or video without redacting my personally identifying information.

This \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Party to accident

Identification of person receiving report confirmed by photo ID: Yes/No

Clerk: \_\_\_\_\_