

## 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 records that do not exist.*

**To:** City of Dickson  
c/o Sherry Owens, PRRC  
600 East Walnut Street  
Dickson, TN 37055  
Tel: (615) 441-9508 Fax: (615) 446-4806 email: records@cityofdickson.com

**From:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Is the requestor a Tennessee citizen? ☐ Yes ☐ No  
If yes, include a copy of a valid Tennessee driver's license or other government-issued photo identification.

**Request:** ☐ Inspection  
(The TPRA does not permit fees or require a written request for inspection only. An appointment may be required depending on the type and volume of records requested.)

☐ 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 ☐ Other: \_\_\_\_\_

### Record(s) Requested:

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

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### Signature of Requestor and Date Submitted

By signing, requestor acknowledges he/she has read and understands the City of Dickson's Public Records Policy and will abide by all requirements, including all payments of costs, labor and postage in fulfilling this request.

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

Request assigned to Records Custodian and Date: \_\_\_\_\_