

CITY OF DICKSON, TENNESSEE

600 East Walnut Street
Dickson, Tennessee 37055
www.cityofdickson.com

AUTHORIZATION TO RELEASE UNREDACTED ACCIDENT REPORT

Print Name (party to accident): _____

Location of Accident: _____

Incident Report No.: _____ Date of Accident: _____

Authorization

I, _____, was involved in the accident referenced above and am named as a party to the accident in the report. I hereby give consent to the City of Dickson, Tennessee, to release the accident report referenced above to:

_____ without redacting my personal identifying information on said report.

For purposes of this request, this person is my (select one):

_____ Insurance Agent

_____ Legal Representative

_____ Attorney

_____ Other (identify) _____

This certification is made pursuant to and in compliance with Tennessee Code Annotated § 10-7-504(a)(31). I waive any and all claims I might have against the City of Dickson, Tennessee, connected with the release of the accident report referenced herein without redacting my personal identifying information.

This _____ day of _____, 20____.

(Named party to accident)

FOR OFFICE USE ONLY

I certify that I have confirmed by photo ID the identity of the person receiving the above-referenced report is the person authorized by this release.

_____ Records Clerk Date: _____

_____ Date: _____

Public Records Request Coordinator