

# Request to view Public Record

Style of case: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Person Requesting Record: \_\_\_\_\_

Contact information:

Address: \_\_\_\_\_

City, State, Zip; \_\_\_\_\_

Telephone number: \_\_\_\_\_

Reason for request (OPTIONAL) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date request made: \_\_\_\_\_

**\*Pursuant to Tennessee Code Annotated 10-7-503, this office will strive to provide the information requested within forty-eight hours and no later than seven business days from date of request or provide in writing the reason the request was denied. If copies are requested, a estimate of reasonable costs will be given prior to copies being made. (A copy of T.C.A. 10-7-503 will be provided upon request)**

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Deputy Clerk handling request: \_\_\_\_\_

Date Request was filled: \_\_\_\_\_

Or

Reason not filled: \_\_\_\_\_

Requesting party notified: \_\_\_\_\_

Special notes and/or charges incurred: \_\_\_\_\_

\_\_\_\_\_