

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, an 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)**

Deputy Clerk handling request: _____ Date Request

was filled: _____ Or Reason not

filled: _____

Requesting party notified: _____

Special notes and/or charges incurred: _____