

## 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

**\*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)**

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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: \_\_\_\_\_