



City of Franklin
Access to Public Records Request

Name of Requesting Party: _____

Phone: _____

Address: _____

Email: _____

Identify with Reasonable Particularity the Information Requested:

Reason for Request (Optional – for clarification purposes):

- This request is: For permission to inspect records
 To request a copy of records (I understand that there is a fee for copies as established by City Ordinance 03-03 and that the fee must be paid before the record may be copied or released)

I understand that the City may need time to review its files to determine if the requested records exist and are permitted to be disclosed, and that a City representative will contact me to advise me of its determination. I further understand that if my request is denied, I will receive a written notice of the statutory authority for the denial, the name, and title or position of the person responsible for the denial.

Signature: _____

Date: _____

FOR INTERNAL USE ONLY

Date & Time Received: _____

Received By: _____

This request came by: Fax Telephone In Person Email

Sent to legal counsel for response: Yes No Date (if applicable): _____

Documents produced/made available: Yes Date and Time: _____
 No Reason: _____

Number of Copies: _____ Amount charged (if applicable): _____ Payment Collected: _____

Received By: _____ Date: _____