

City of Franklin
Request for Access to Public Records
(please print)

*Name/Requester: _____ Phone: _____

*Organization: _____ Fax: _____

Address: _____

Date/Time of request: Date: _____ Time: _____

Specific description of records requested: _____

This request is a: _____ One time request _____ Recurring request

This is for: _____ Permission to inspect records as described above
 _____ A copy of records as described above

I understand I may be charged a fee for copying the records: _____
(pursuant to City of Franklin Ord. No. 03-03: An Ordinance Establishing Copying Charges)

***Not Required**

***Provide a way to contact you or a day & time to return for information:** _____

For City Use Only – Do Not Write Below This Line

Request Receipt Information

Date & time request received: _____ Individual receiving request: _____

Disposition of Request

Request: _____ Granted _____ Denied; Reason(s) for denial: _____

Individual making decision on request: _____ Disposition date & time: _____

This request was: _____ Faxed _____ Phoned In _____ Walk-In _____ E-Mailed

Number of copies provided: _____ Photocopy _____ Computer Fee Charged: _____

Fee Received By: _____