



Metropolitan Nashville Police Department  
Central Records Division  
811 Anderson Lane, Suite 100,  
Madison, TN 37115  
615-862-7631



### MNPD Open Records Request Form

This form is to be completed for copies of records or files and inspection of  
Law Enforcement Personnel Records offered by the Metropolitan Nashville Police Department

Date: \_\_\_\_\_

**This form complies with TENNESSEE CODE ANNOTATED - TITLE 10, CHAPTER 7, PART 5.**

<b>Section A</b>
<b>Requestor Information:</b> (Business/Citizen Information)
Business Name: _____
Business Address: _____ City _____ State _____ Zip _____
Business Telephone Number: _____
Print Full Name: _____
Personal Home Address: _____ City _____ State _____ Zip _____
Personal Telephone Number: _____
Email Address: _____
Signature of Requestor: _____
Send Results By: <input type="checkbox"/> Postal Mail <input type="checkbox"/> In Person <input type="checkbox"/> Email
<b>Photo copy of photo ID with address must be attached to this request.</b>
<small>Note: Pursuant to T.C.A. § 10-7-503(a)(2)(B), "In the event it is not practicable for the record to be promptly available for inspection, the custodian shall, within seven (7) business days: (i) Make the information available to the requestor; (ii) Deny the request in writing or by completing a records request response form developed by the office of open records counsel. The response shall include the basis for the denial; or (iii) Furnish the requestor a completed records request response form developed by the office of open records counsel stating the time reasonably necessary to produce the record or information."</small>

<b>Type of Service Requested:</b>	<b>Section B</b>
<b>Complaint Number:</b> _____	Dashcam - Date/Time: _____ / _____
Background Check	Officer/Car# _____
Accident Report	Body Worn Camera - Date/Time: _____ / _____
ARL Records	Officer _____
Incident Report	Adoption Letter
Computer Report	Mug Shot▪
Arrest Report	Photos
Visa Letter	Fingerprints▪
Other (Please Explain in detail): _____	OPA File: _____
	<small>IA/OPA Number if Known</small>
<small>*Fingerprints and Mug Shots requests are completed by our Forensic Services Division located at 400 Myatt Drive, Madison, TN 37115</small>	

<b>Section C</b>
<b>Subject of Request (If request is for Inspection of MNPD Personnel Files skip to Section E)</b>
Name (Last) _____ (First) _____ (Middle) _____
A.K.A. Names (Maiden, Other, etc.) _____
1 (Last) _____ (First) _____
2 (Last) _____ (First) _____
Date of Birth _____ Race _____ Sex _____
Social Security Number _____ Driver License Number _____
Street Address: _____ City _____ State _____ Zip _____
<small>(NOTE: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.)</small>

Section D	
Reason for Request:	

Section E		
<b>For MNPD Personnel Record Requests:</b>		
<b>Tenn. Code Ann. § 10-7-503</b>		
(c)(1) Except as provided in § 10-7-504(g), all law enforcement <b>personnel</b> records shall be open for inspection as provided in subsection (a); however, whenever the personnel records of a law enforcement officer are inspected as provided in subsection (a), the custodian shall make a record of such inspection and provide notice, within three (3) days from the date of the inspection, to the officer whose personnel records have been inspected:		
(A) That such inspection has taken place;		
<b>(B) The name, address and telephone number of the person making such inspection;</b>		
(C) For whom the inspection was made; and		
(D) The date of such inspection		
I request to view the following employee personnel file:		
Employee Name (Print)		
Assignment (If Known)		
Reason for viewing file: If related to criminal or civil litigation, please give case name or other identifying information, i.e., docket #, etc.		
<b>Department Use Only:</b>		
<b>Date Employee Notified:</b>	<b>Date Inspected:</b>	<b>Method of Notification:</b>
<b>Assignment Verified:</b>		
<b>Undercover Comments:</b>		

<b>Department Use Only:</b>				<i>Section F</i>
Request Received By (Print)		Name	ENO	Date/Time
Request Processed By (Print)		Name	ENO	Date/Time
Fees Calculated By (Print)		Name	ENO	Date/Time
<b>Total Fees: \$ _____</b>		<b>No. of Fingerprint Cards: _____</b>		
Results:	Mail:	Faxed:	Emailed:	
Date	Date	Date	Date	
Placed at counter for pick-up		Picked up		
Date	Date	Date	Date	