



Williamson County, Tennessee
Community Development

1320 West Main Street - Suite 400
Franklin, Tennessee 37064
Voice: 615.790-5725 Fax: 615.595-1293

INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records, fill in highlighted sections ONLY. Please CALL before emailing form with the address of property in request.

Custodian Instructions: For requests to inspect, the records custodian is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8.

Note: Section 1 of Public Chapter 1179, Acts of 2008, amends Tenn. Code Ann. § 10-7-503(a) adding (7)(A) to provide that unless the law specifically requires such, a request to inspect is not required to be writing nor can a fee be assessed for inspection of records.

1. Name of requestor: Cindy Garvey
(Print or Type; Initials required for copy requests)

2. Form of identification provided:

- ☐ Photo ID issued by governmental entity including requestor's address
☐ Other: Not Needed

3. Requestor's address and contact information: Email: Cindy@LeipersFork.com
Address: 4151 Old Hillsboro Phone: 615-202-9515

4. Record(s) requested to be inspected/copied:

- a. Previously inspected on _____ (date); ☐ Inspection waived
b. Type of record: ☐ Minutes ☐ Annual Report ☐ Annual Financial Statements
☐ Budget ☐ Employee file ☐ Other

c. **Detailed Description of the record(s)-copies including relevant date(s) and subject matter:** (example: Septic Permit & Certificate of Completion (COC), Recorded Plat Lot Copy, any other documents to be named separately, etc.)

C: Septic Permit + Certificate (COC) Recorded Plat Lot Copy
and other docs to be named sep

Property Address & Subd Lot: 7391 Crow Cut Fairview

5. Request submitted to: Williamson County Community Dev. or Sewage Disposal Department

- ☐ Codes Compliance ☐ Planning ☐ Building Codes ☒ Sewage Disposal
☐ Engineering (615) 790-5751

a. Employee receiving request: _____
(Print or Type and Initial)

b. Date and time request received: _____

c. Response: ☐ Same day ☐ Other _____



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6. Costs

- a. Number of pages to be copied: _____ ☐ Estimated
b. Cost per page: _____
c. Estimate of labor costs to produce the copy (for time exceeding 5 hours):
☐ Labor at \$ _____ /hour for _____ hour(s).
☐ Labor at \$ _____ /hour for _____ hour(s).
☐ Labor at \$ _____ /hour for _____ hour(s).
d. Programming cost to extract information requested: _____
e. Method of delivery and cost: _____ ☐ Estimated
☐ On-site pick-up ☐ U.S. Postal Service ☐ Other: _____
f. Estimate of total cost to produce request: _____
g. Estimate of total cost provided to requestor: in person ☐ by U.S.P.S. ☐ by phone
Other: _____

7. Form, Amount, Date of Payment:

- a. Form of payment: ☐ Cash ☐ Check
☐ Other _____
b. Amount of payment: _____
c. Date of payment: _____

8. Date of Delivery: _____

Signature of Records Custodian

Date

Cindy Carver

Signature of Requestor

1-6-23

Date

(Sign and date this page before emailing form for request of copies)