

**OPEN RECORDS REQUEST FOR
KNOX COUNTY RETIREMENT & PENSION BOARD**

To assist the Knox County Retirement & Pension Board (KCRPB) in verifying your right under Tennessee law to inspect records, to help the KCRPB locate those records to be inspected, and to ensure that we have the necessary information to provide copies of requested records to you, please complete the following, then deliver to Knox County Retirement and Pension Board, in care of Kim Bennett, 400 Main Street, Room 371, Knoxville, TN, 37902.

PART 1 - Verification of Right to Inspect
<p>Name: _____</p> <p>Residence Address: _____</p> <p>Identification:</p> <ul style="list-style-type: none">a. Type of Government Issued Photo Identification including current address: <input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____b. Identification number: _____c. Expiration date: _____ <p>I certify that:</p> <ul style="list-style-type: none">a. I am a US citizen and current resident of the State of Tennesseeb. I am not a convicted felonc. This request is not for resale, commercial, or illegal purpose <p>Signature _____ Date _____</p>
PART 2 - Records to be Inspected
<p>Request for: <input type="checkbox"/> Inspection/Access only <input type="checkbox"/> Copy/Duplication</p> <p>Specific description of records requested including relevant dates and subject matter:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Request submitted to:</p> <ul style="list-style-type: none">a. Employee Receiving _____b. Date and Time of Request _____c. Estimated Time to Respond _____

PART 3 – Costs			
Estimated Copy Costs (to be recalculated at time of response delivery)			
Type of Copy	Cost Per Page	Number of Pages	Total
Letter or Legal B/W	\$0.15		\$
Letter or Legal Color	\$0.50		\$
Other	\$		\$
Total Estimated Copy Costs			\$
Estimated Labor Costs (time exceeding 1 hour)			
Hourly Rate for Each Employee	Number of Hours Worked	Labor Cost	
\$		\$	
\$		\$	
\$		\$	
Total Estimated Labor Cost			\$
Other Costs			
Method and Cost of Delivery		\$	
Programming Cost to Extract Information		\$	
Cost of Reproduction by Outside Vendor		\$	
Other		\$	
Total Estimated Other Cost			\$
PART 4 – Payment			
Estimated Total Cost: \$ _____			
Amount Pre Paid: \$ _____		Date Pre Paid: _____	
Actual Cost: \$ _____			
Total Amount Due: \$ _____		Date Paid : _____	
Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____			
PART 5 – Records Received			
<input type="checkbox"/> Access to and Inspection of Records Date: _____			
<input type="checkbox"/> Delivery of Copies Date: _____			

Signature(s) below confirm delivery/access of copies & payment or adjusted payment of all costs

Signature of KCRPB Employee

Date

Signature of Requestor

Date