



Public Records Request Form B
Response to Request
City of Cookeville Police Department
10 E. Broad Street, PO Box 849
Cookeville, TN 38503
931-520-5326



_____ Date

 Requestor's Name Phone Street Address, City, Zip Code

In response to your records request received on _____, our office is taking the action(s) indicated below:
 Date Received

The public record(s) responsive to your request will be made available for inspection:

Location: _____

Date & Time: _____

Copies of public record(s) responsive to your request are:

Attached

Available for pickup at the following location:

_____, or

Being delivered via:

USPS First-Class Mail Electronically Other: _____

Your request is denied on the following grounds:

Your request was not sufficiently detailed to enable identification of the specific requested record(s). You need to provide additional information to identify the requested record(s).

No such record(s) exists or this office does not maintain record(s) responsive to your request.

No proof of Tennessee citizenship was presented with your request. Your request will be reconsidered upon presentation of an adequate form of identification.

You are not a Tennessee citizen.

You have not paid the estimated copying/production fees.

The following state, federal, or other applicable law prohibits disclosure of the requested records:

Part of ongoing criminal investigation or prosecution Rule 16 of TN Rules of Criminal Procedure.

Expunged record pursuant to TCA 40-32-101.

Juvenile record pursuant to TCA 37-1-146 or TCA 37-1-154.

Child abuse/identity of complainant pursuant to TCA 37-1-409.

Child sexual abuse report pursuant to TCA 37-1-612.

Tests results ordered by DA of fire victims who are public safety workers pursuant to TCA 38-7-116.

Records obtained by official polygraph examination pursuant to TCA 62-27-124.

Identity of person reporting abuse or neglect of an adult pursuant to TCA 71-6-118.

Body camera video of minors taken within a K-12 school pursuant to TCA 10-7-504.

Body camera video of the interior of a licensed treatment/medical facility pursuant to TCA 10-7-504.

Body camera video of the interior of private residence not a crime scene pursuant to TCA 10-7-504.

Other _____

(continued)



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It is not practicable for the records you requested to be made promptly available for inspection and/or copying because:

It has not yet been determined that records responsive to your request exist; or
The office is still in the process of retrieving, reviewing, and/or redacting the requested records.

The time reasonably necessary to produce the record(s) or information and/or to make a determination of a proper response to your request is: _____.

If you have any additional questions regarding your record request, please contact Captain Randy Brown.

Sincerely,

Captain Randy Brown, ASD Commander
Phone: (931) 520-5771
Email: rbrown@cookeville-tn.gov

Directions for Completing the Public Records Request Form B

Date: *Date the response is being made.*

Requestor's Name: *The name of the person making the request.*

Phone: *Phone number previously provided by the requestor through which the requestor can be contacted.*

Street Address: *Address provided by the requestor.*

Date Received: *Date the record request was received by a records custodian.*

Inspection Appointment: *Time and location for an approved inspection of a properly redacted public record.*

Availability of Requested Copies: *Indicate the method through which copies will be provided upon payment of required fees.*

Request Denial: *Indicate the specific reason(s) for the denial of a public records request.*

Request Delayed: *Indicate why the request cannot yet be completed.*

Time Needed for Determination: *Provide an estimate of additional time need to make a determination or fulfill the request.*

Departmental PRRC Signature: *The departmental PRRC evaluating the request must sign the form.*