



Public Records Request Form C
 Aggregate Requests
 City of Cookeville Police Department
 1019 Neal Street or PO Box 849
 Cookeville, TN 38503



Phone: (931) 520-5567 Email: cpd_records@cookeville-tn.gov

Business Name: _____

Address: _____

Phone Number: _____

FAX: _____ **Email:** _____

Full name of employee(s) authorized to submit requests:

Email will be the primary form of communication. The fee schedule shown below will apply:

- \$0.15 per page for letter and legal size black and white copies.
- \$0.50 per page for letter and legal size color copies.
- \$5.00 for each compact disc containing digital data (e.g., still pictures or video).
- Labor when research or redaction time exceeds one hour.
- The actual costs assessed by an outside vendor if such a vendor is needed to provide the research or redaction services necessary to provide the record requested.

Payment can be made by cash or check payable to the City of Cookeville. The check can be sent to the address shown above.

Please Initial:

I give permission for the Cookeville Police Department to send me a monthly invoice to be paid within 15 days of receipt for reports that I request. Initial _____

This request will be honored as promptly as possible. However, I acknowledge that my request may be delayed for up to seven business days. Initial _____

Signature of Requestor & Date

Signature of Employee Receiving Request

Date Received