

CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM

PUBLIC RECORDS REQUEST FORM
T.C.A.~10-7-503

NAME OF REQUESTING PARTY:

(Last) (First) (Middle)

ADDRESS:

(No. & Street) (City) (State) (Zip Code)

TELEPHONE NUMBER:

Home: () _____ Work: () _____ **EMAIL ADDRESS:** _____

DATE AND TIME OF REQUEST:

_____, 20____ : _____ a.m./p.m.
(Month & Day) (Year) (Time)

SPECIFIC DOCUMENT OR DOCUMENTS REQUESTED:

PLEASE CHECK ONE OF THE FOLLOWING:

I wish only to inspect such records at the Clarksville-Montgomery County School System Central Administrative Office.

I wish to obtain a copy of such records and agree to reimburse the Clarksville-Montgomery County School System for the cost of preparing those copies at \$.25 per page.

Signature of Requesting Party

OFFICE USE

Date information provided or documents reviewed: _____

Date request denied (if applicable): _____

Reason for denial (if applicable): _____

621 Gracey Avenue
Clarksville, TN 37040
Phone: 931-648-5600 • fax: 931-648-5612 • web: www.cmcss.net