



Jackson-Madison County Regional Health Department

FILE REVIEW/COPY REQUEST

DIVISION(S): <u>Environmental Health Department</u> OFFICE: <u>Circle: Solid Waste/Groundwater/Other</u>	
DATE/TIME OF REQUEST: _____	RECEIVED BY: _____
DATE/TIME OF APPOINTMENT: _____	
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NAME/COMPANY	ADDRESS
CITY	STATE ZIP TELEPHONE

File Review Procedures

1. Public records are available for review during normal business hours from 8:00 a.m. until 4:30 p.m., Monday through Friday, except holidays. For your convenience and to assure prompt service and adequate time for file review, it is recommended appointments be made during the hours of 8:30 a.m. and 3:00 p.m. Some documents in our files are confidential under the Tennessee laws. Some documents may contain information that can be redacted.
2. The number of files reviewed at one time may be limited without authorization from the Director and/or Supervisor.
3. Briefcases and other accessories (with the exception of writing materials-notepads, pencils, etc..) are not allowed in the file area.
4. Do not mark on file(s) or change the order of documents within the file(s)
5. There is a charge of \$0.15 cents per page for letter and legal size black and white copies.
There is a charge of \$0.50 cents for letter and legal size color copies.
Duplex copies are charged as 2 copies. Labor charges exceeding one hour may apply.
Charges incurred from vendors will be passed directly on to the requestor.
All charges are payable in advance.
6. Tags will be provided to mark any pages for staff to copy.
7. Staff will make copies as their work schedule permits. It may be necessary to return for the copies, or they may be mailed upon request. Expense for mailing copies is the responsibility of the requestor.

Detailed description of records to be reviewed or copied, including dates, facility name, facility ID (if applicable) and subject matter: _____		
ACTIVITY	QUANTITY	CHARGES
Black & White Standard Copies		
Color Copies		
Labor Charges (if applicable)		
Vendor Charges (if applicable)		
Delivery Charges (if applicable)		
TOTAL CHARGES		

Receipt Number _____ (Attach Receipt)
 Date/Time of Request Delivery _____ File Review: _____ Copies: _____
 Signature of Records Custodian _____ Date _____

Signature of Requestor _____	Date _____
(Your signature indicates that you have read and understand the above information)	

WARNING: It is unlawful for any person to destroy, conceal, remove or otherwise impair the verity, legibility or availability of a governmental record. A violation of Section 39-16-504 is a Class A misdemeanor consisting of imprisonment for up to 11 months 29 days or a fine not to exceed \$2,500, or both.