



Office of the City Clerk
 CITY OF KINGSPORT
 225 West Center St
 Kingsport, TN 37660
 (423) 229-9384/Voice
 (423) 224-2566/Fax
 AngieMarshall@KingsportTN.gov

Inspection/Duplication of Public Records Request

NAME, ADDRESS, and TELEPHONE NUMBER of person who will make inspection:

RECORDS requested for inspection (BE SPECIFIC): _____

Copies desired: YES NO (Please circle your choice) See Fee Schedule below.

If copies can be emailed, email address: _____

SIGNATURE of person making request: _____

DATE: _____

Fee Schedule

For City Clerk's Office to Complete:

Charges waived if total cost is less than \$1.50

Chargeable Pages (black & white) _____ X \$0.15 \$ _____

Chargeable Pages (color) _____ X \$0.50 \$ _____

Audiotape/CD/DVD _____ X \$5.00 \$ _____

Labor [assessed after one (1) hour is incurred producing requested material] _____ @ \$ _____/hr. \$ _____

TOTAL: \$ _____

APPLICATION: **Granted** _____ **Denied** _____ **Date:** _____

 Municipal Clerk / Deputy City Recorder