City of Bartlett

Accident Report Certification for Release Without Redaction

Report #_____

Name (party to accident): _____
Date of accident: _____
Location of accident: _____

I _____, was involved in the accident referenced above. I hereby give consent to the City of Bartlett to release the accident report referenced above to _____, without redacting my personal identifying information on said report. This person is my (select one) agent/ legal representative/attorney for purposes of this request. This certification is made pursuant to T.C.A. § 10-7-504(a)(31). I waive any and all claims I may have against the City of Bartlett connected with the release of the accident report without redacting my personally identifying information.

This _____ day of _____, 20___.

_____
Signature of party to accident or legal guardian if party under 18 years old

Identification of person receiving report confirmed by photo ID: Yes/No

Records clerk: _____