

NOTICE OF AGGREGATION OF MULTIPLE REQUESTORS



Mail completed form to:

Office of Open Records Counsel
Suite 1700, James K. Polk State Office Building
505 Deaderick Street
Nashville, Tennessee 37243
(615) 741-1551 (fax) or Open.records@cot.tn.gov (e-mail)

Records Custodian: _____

(Name of Governmental Entity, Office or Agency)

Employee/official authorizing aggregation: _____

(Name and title)

Address and phone number: _____

Other Offices or Custodians included in aggregation: _____

(_____) of Requestors being aggregated:

(Number)

Requestor's name, address and contact information:

Requestor's name, address and contact information:

Requestor's name, address and contact information:

Requestor's name, address and contact information:

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Explanation of basis for aggregation and description of scope (records included/excluded):

Requestors have been notified that a properly adopted aggregation policy exists, that the decision to aggregate has been made, and that there is a right to appeal the decision to the Office of Open Records Counsel.

Signature of Records Custodian, date

Signature of Requestor, date

Signature of Requestor, date

Signature of Requestor, date

Signature of Requestor, date