

Attorney Certification Form

Name of Attorney

Address Line

City, State Zip Code

Metro Nashville Police Department
Central Records Division
811 Anderson Lane, Suite 100
Madison, TN 37115

To MNPd Records Custodian,

I, _____, hereby certify that I have been authorized by

_____, as his/her attorney, to obtain a copy of the
Party named in the accident report
accident report with no redactions from the Metro Nashville Police Department. I understand it is a Class B misdemeanor for a person to misrepresent that person's identity or make a false statement on any request submitted pursuant to Title 55, Chapter 10 of the Tennessee Code Annotated.

Sincerely,

Signature of Attorney

Date

**Governed by TCA 10-7-504 (a) (31)(B) amended July 1, 2019 and TCA 55-10-108(f) & (g)