



CITY OF FAIRVIEW
Accident Report Certification
for Release Without Redaction

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 Fairview, Tennessee to release the accident report referenced above to _____, without redacting my personal identifying information on said report.

This person is my:

- 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 Fairview connected with the release of the accident report without redacting my personally identifying information.

This _____ day of _____, 20_____.

Party to accident

For Office Use Only:

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

Records Clerk: _____

Date: _____