



# **Paper Product Samples**

**RFB #13483**

**Do NOT remove samples**

REMITTANCE ADVICE

No. 044851

DATE	VENDOR NUMBER	INVOICE NUMBER	ORDER NUMBER	DESCRIPTION	AMOUNT
------	---------------	----------------	--------------	-------------	--------

1126700

**ITEM 1**

**\*Sample differs from specs\*  
Quote according to  
"Item Description"**

DETACH BEFORE CASHING

OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

DO NOT CASH

CITIZENS BANK OF BLOUNT COUNTY  
MARYVILLE, TENNESSEE

**CITY OF ALCOA**  
ALCOA, TENNESSEE - 37701

87-250  
642

DATE

CHECK NO.

PAY EXACTLY

DOLLARS AND

CENTS

CHECK AMOUNT

NOT VALID AFTER 90 DAYS

TO THE  
ORDER OF

ELECTRIC REVENUE FUND  
OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

A.D.S. PHOENIX INC. #KNOXVILLE, TN 37920 (423) 573-9221

⑈04485⑈ ⑆06420250⑆

00 1811 2⑈



REMITTANCE ADVICE

No. 050604



DATE	VENDOR NUMBER	INVOICE NUMBER	ORDER NUMBER	DESCRIPTION	AMOUNT
------	---------------	----------------	--------------	-------------	--------

ITEM 2

DETACH BEFORE CASHING

CITY OF ALCOA UTILITIES  
ALCOA, TENNESSEE

DO NOT CASH

REGIONS  
ALCOA, TENN.

CITY OF ALCOA UTILITIES  
ALCOA, TENNESSEE - 37701

87-1  
640

DATE

CHECK NO.

PAY EXACTLY

DOLLARS AND

CENTS

CHECK AMOUNT

NOT VALID AFTER 90 DAYS

ELECTRIC REVENUE FUND

TO THE  
ORDER OF

VALLEY PRINTER, INC. • Phone 423-337-6926

23-6996 R

⑈050604⑈ ⑆0640000⑆ ⑆00000⑆ 208 2⑈



REMITTANCE ADVICE

No. 008564

DATE	VENDOR NUMBER	INVOICE NUMBER	ORDER NUMBER	DESCRIPTION	AMOUNT
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**ITEM 3**

**\*Sample differs from specs\*  
Quote according to  
"Item Description"**

DETACH BEFORE CASHING

OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

DO NOT CASH

CITIZENS BANK OF BLOUNT COUNTY  
MIDLAND BRANCH  
ALCOA, TENNESSEE

DATE

**CITY OF ALCOA**

ALCOA, TENNESSEE - 37701

CHECK NO.

PAY EXACTLY

NOT VALID AFTER 90 DAYS

DOLLARS AND

CENTS

CHECK AMOUNT

TO THE  
ORDER OF

CAPITAL FUND  
OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE



REMITTANCE ADVICE

1035343

DATE	VENDOR NUMBER	INVOICE NUMBER	ORDER NUMBER	DESCRIPTION	AMOUNT
------	---------------	----------------	--------------	-------------	--------

**ITEM 4**

**\*Sample differs from specs\*  
Quote according to  
"Item Description"**

DETACH BEFORE CASHING

OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

DO NOT CASH

A D S / PHOENIX INC. KNOXVILLE, TN 37960 (423) 573-8221

DATE	REGIONS	<b>CITY OF ALCOA</b> ALCOA, TENNESSEE - 37701		87-1/640
TO THE ORDER OF	PAY EXACTLY	NOT VALID AFTER 90 DAYS	DOLLARS AND	CENTS
				CHECK NO.
				CHECK AMOUNT
				EMPLOYEES INSURANCE TRUST ACCOUNT

REMITTANCE ADVICE

ITEM 5

No. 130565

DATE	VENDOR NUMBER	INVOICE NUMBER	ORDER NUMBER	DESCRIPTION	AMOUNT
------	---------------	----------------	--------------	-------------	--------

022764

DETACH BEFORE CASHING

OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

DO NOT CASH

**BB&T**  
BRANCH BANKING & TRUST COMPANY  
1-800-BANK BB&T BB&T.com  
DATE

**CITY OF ALCOA**  
ALCOA, TENNESSEE - 37701

87-816/642  
BRANCH 40703

CHECK NO.

CHECK AMOUNT

PAY EXACTLY

NOT VALID AFTER 90 DAYS

DOLLARS AND

CENTS

**GENERAL FUND**  
OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

TO THE  
ORDER OF

A D S PHOENIX · KNOXVILLE, TN 37920

Floor



REMITTANCE ADVICE

**ITEM 6**

No. **011564**

DATE	VENDOR NUMBER	INVOICE NUMBER	ORDER NUMBER	DESCRIPTION	AMOUNT
------	---------------	----------------	--------------	-------------	--------

**\*Sample differs from specs\*  
Quote according to  
"Item Description"**

**GENERAL FUND  
OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE**

DETACH BEFORE CASHING

OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

DO NOT CASH

<b>BB&amp;T ALCOA, TENNESSEE</b>	<b>CITY OF ALCOA BLOUNT COUNTY LANDFILL ALCOA, TENNESSEE - 37701</b>	064-208/165
DATE		CHECK NO.
PAY EXACTLY	NOT VALID AFTER 90 DAYS	CHECK AMOUNT
	DOLLARS AND	CENTS
TO THE ORDER OF	<b>GENERAL FUND OFFICE OF CITY TREASURER ALCOA, TENNESSEE</b>	

ADS/PHOENIX (865) 573-9221 Forms - T  
 1086462  
 ADS/PHOENIX (865) 573-9221 Forms - T  
 1086462  
 ADS/PHOENIX (865) 573-9221 Forms - T  
 1086462

REMITTANCE ADVICE

**ITEM 7**

No.

**002192**

DATE	VENDOR NUMBER	INVOICE NUMBER	ORDER NUMBER	DESCRIPTION	AMOUNT
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**\* Sample differs from specs \*  
Quote according to  
"Item Description"**

DETACH BEFORE CASHING

OFFICE OF CITY TREASURER  
ALCOA, TENNESSEE

DO NOT CASH

<p>BB&amp;T ALCOA, TENNESSEE</p>	<p><b>CITY OF ALCOA</b> <b>BLOUNT COUNTY LANDFILL CLOSURE / POST CLOSURE</b> ALCOA, TENNESSEE - 37701</p>	<p>87-0816 642</p>
DATE		CHECK NO.
PAY EXACTLY	NOT VALID AFTER 90 DAYS	CHECK AMOUNT
	DOLLARS AND	
		CENTS
TO THE ORDER OF	<p><i>W</i></p>	<p><b>GENERAL FUND</b> OFFICE OF CITY TREASURER ALCOA, TENNESSEE</p>

ADS/PHOENIX, INC. (865) 573-9221

377815



**CITY OF ALCOA**  
ALCOA, TENNESSEE 37701

**ITEM 8**

**422057**



U.S. Patent 6,099,407

THIS IS A STATEMENT OF EARNINGS AND DEDUCTIONS - NON-NEGOTIABLE - RETAIN THIS RECEIPT

**CITY OF ALCOA**  
ALCOA, TENNESSEE 37701

87-816/642  
BRANCH 40703

**BB&T**  
Branch Banking and Trust Company  
1-800-BANK BB&T BB&T.com

⑈ 4 2 2 0 5 7 ⑈ ⑆ 0 6 4 2 0 8 1 6 5 ⑆ 0 0 0 0 1 1 6 2 4 5 5 2 3 ⑈



**\*See Reverse Side For Easy Opening Instructions\***

**CITY OF ALCOA**  
ALCOA, TENNESSEE 37701

**422057**

TP666421 • 4ZF-V03



REMOVE BOTH SIDE STUBS FIRST  
FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION

Let your or the bank's name appear in the space  
and the word "check" clearly printed.

Check features

- One provision for signature
- A separate line for date
- One word with "and" or "or"
- Payment place
- Date of payment in full
- One word with "and" or "or"
- One word with "and" or "or"
- One word with "and" or "or"
- One word with "and" or "or"
- One word with "and" or "or"

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Item 8 back

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

ENDORSE CHECK HERE

REMOVE BOTH SIDE STUBS FIRST  
FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION

REMOVE STUBS AT BOTH ENDS FIRST  
THEN FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION



ENTERED IN COMPUTER

*Top should be yellow*  
**City of Alcoa Electric Department**  
 Alcoa, Tennessee 37701  
*Bottom white*

**ELECTRIC METER  
 ORDER**
**№ 5540**

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Present  
Acct. No.:

Class Change

From:

To:

**\*Sample differs from specs\*  
 Quote according to  
 "Item Description"**

	Phase	Amps	Volts	Wires		Reads	Constant	Customer Deposits
IN								Receipt No:
OUT					MFG. No.			Amount :

Special Instructions

Approvals — Completion

Issued by: \_\_\_\_\_

Issue date: \_\_\_\_\_

Current turned on date: \_\_\_\_\_

Current turned off date: \_\_\_\_\_

By: \_\_\_\_\_

**ITEM 9**

AMR ERT# \_\_\_\_\_

**ELECTRIC METER CHANGE**

ENTERED IN COMPUTER

*City of Alcoa Utility Services*  
Alcoa, Tennessee 37701

ELECTRIC METER  
ORDER#10  
New  
NO 15625

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Present  
Acct. No.:

Class Change

From:

To:

						Watt Hour Meter Data	Reads	Constant		
IN	Type	Phase	Amps	Volts	Wires	MFG. No.			Customer Deposits	
						TWACS No.			Receipt No:	
OUT	Type	Phase	Amps	Volts	Wires	MFG. No.			Amount :	
						TWACS No.				

Special Instructions

Approvals — Completion

Issued by: \_\_\_\_\_

Issue date: \_\_\_\_\_

Current turned on date: \_\_\_\_\_

Current turned off date: \_\_\_\_\_

By: \_\_\_\_\_

**ITEM 10**

SEAL #

METER DIVISION

ELECTRIC METER CHANGE



ENTERED IN COMPUTER

*Services*  
*City of Alcoa Meter* <sup>↑</sup> *Division*  
 Alcoa, Tennessee 37701

**WATER METER  
ORDER**

**NO 4477**

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

**ITEM 11**

Present

Acct. No.:

Class Change

From:

To:

	Meter Type	Meter Make	Meter Size	Water Meter Data		Reads	Constant	Customer Deposits
	IN				MFG No.			
				ERT No.				
	Meter Type	Meter Make	Meter Size	Water Meter Data		Reads	Constant	Amount :
	OUT				MFG No.			
				ERT No.				

Special Instructions

\* Sample differs from specs \*  
 Quote according to  
 "Item Description"

Approval — Completion

Issued by: \_\_\_\_\_

Issue date: \_\_\_\_\_

Current turned on date: \_\_\_\_\_

Current turned off date: \_\_\_\_\_

SEAL # \_\_\_\_\_

By: \_\_\_\_\_

METER DIVISION

WATER METER CHANGE

ENTERED IN COMPUTER

# City of Alcoa ITEM 12

Alcoa, Tennessee 37701

METER ORDER

SERIAL NO. **No 3449**

Name:	Present Acct. No.:
Service Address:	Forwarding Acct.:
Billing/Forwarding Address:	
	HP - HI:

	ELECTRIC	WATER	SEWER	MFG. NO.	READING	
OUT				EL		CUSTOMER DEPOSITS
				WAT		RECEIPT NO.:

CUT OFF N/P —

CYCLE NO. —

AMOUNT TOTAL —

DATE PULLED —

HEAT PUMP —

ODL —

AMOUNT \$:

TRANSFER \_\_\_\_\_

HOLD \_\_\_\_\_

OUTDOOR LIGHT		APPROVALS - COMPLETION
REMOVE:	CONTRACT DUE AMT. \$:	ISSUED BY:
SET ODLT AS BELOW:		ISSUED DATE:
KWH		TURNED OFF DATE:
AMT. \$		BY:

METER REMOVE

Taxpayer must file return even though no tax is due to the Finance Department.

CITY OF ALCOA  
FINANCE DEPARTMENT  
223 ASSOCIATES BLVD  
ALCOA, TN 37701  
(865) 380-4700

ITEM 13

IMPORTANT

This return must be filed by the 20th of the month following the month for which the tax is due to avoid penalty. The return should be prepared on a typewriter or filled out plainly with ink.

72164  
BD

NAME/ADDRESS:

Account No. ....  
Receipt No. ....  
Phone No. ....

HOTEL AND MOTEL TRANSIENT OCCUPANCY TAX

Report for Calendar Month ..... Total Rooms for Rent .....

- 1. Gross Rent for Occupancy of Rooms \$ .....
- 2. Deductions for Permanent Residents of 30 continuous days or more (read carefully instructions on reverse side of form) \$ .....
- 3. Net Taxable Rents: Line 1 minus Line 2 \$ .....
- 4. Tax Due % of Line 3 \$ .....
- 5. Operator's Compensation: Deduct % of Total Tax (line 4) only when return and the amount of tax are not delinquent at time of payment. \$ .....
- 5. Total Tax Due \$ .....

- 7. COMPUTATION OF INTEREST & PENALTY FOR LATE REPORT
  - (a) Interest @ % Per Annum \$ .....
  - (b) Penalty @ % Per Month \$ .....  
or Fraction thereof
  - (c) Total Interest & Penalty \$ .....
- 8. TOTAL TAX AND PENALTY DUE: Lines 6 plus 7(c) \$ .....

- 9. Add Debit Memo .....
- 10. Subtract Credit Memo .....
- 11. Amount Paid With This Return

(MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF ALCOA)

I declare under penalty of perjury that this return (including any accompanying statements) has been examined by me to the best of my knowledge and belief, and is a true, correct and complete return.

SIGNED ..... TITLE ..... DATE .....  
(Owner, Pres., Partner or Authorized Representative.)

(THIS SECTION FOR OFFICIAL USE ONLY.)

CHECK NUMBER .....

DATE RECEIVED .....

CHECKED BY .....



**ITEM 13 BACK**

FINANCE DEPARTMENT  
528 ASSOCIATES BLVD  
ALCOA TN 37701  
(888) 380-4700

NAME/ADDRESS  
FINANCE DEPARTMENT  
THOUGH NO TAX IS DUE TO THE  
TAXPAYER MUST FILE EVERY

IMPORTANT  
This return must be filed by the  
20th of the month following the  
month for which the tax is due to  
avoid penalty. The return should be  
prepared on a typewriter or filled  
out hand with ink.

1. **LEGAL BASIS FOR TAX** - Private Chapter No. 56, Private Acts of 2003, House Bill No. 2124, Resolution adopted by the City of Alcoa Board of Commissioners on August 12, 2003 effective October 1, 2003.

2. **HOTEL** means any structure, or any portion of any structure, which is occupied or intended for occupancy by transients for dwelling, lodging, or sleeping purposes, and includes any hotel, inn, tourist court, tourist camp or campground, tourist cabin, motel, or any place in which rooms, lodging or accommodations are furnished to transients for a consideration.

3. **OCCUPANCY** means the use or possession or the right to use or possession of any room, lodging, or accommodations in a hotel for a period of less than thirty (30) continuous days.

4. **TRANSIENT** means any person who exercises occupancy or is entitled to occupancy of any rooms, lodgings, or accommodations in a hotel room or campground for a period of less than thirty (30) days.

5. **CONSIDERATION** means the consideration charged, whether or not received, for the occupancy in a hotel or campground valued in money whether to be received in money, goods, labor, or otherwise, including all receipts, cash, credits, property and service of any kind or nature without deductions therefrom whatsoever.

6. **AMOUNT OF TAX** - One per cent (1%) of the consideration charged by the operator.

7. **REMITTANCE OF TAX** - The tax hereby levied shall be remitted to the Finance Department not later than the 20th of the following month. The operator shall be allowed to deduct two per cent (2%) of the amount of tax due. This accounting fee is not deductible if the tax is delinquent.

8. **OFFER TO ABSORB TAX PROHIBITED** - No operator of a hotel, motel, or campground shall advertise or state in any manner, whether directly or indirectly, that the tax or any part thereof will be assumed or absorbed by the operator, or that it will be added to the rent, or that, if added, any part will be refunded.

9. **PENALTIES AND INTEREST FOR DELINQUENCY** - An operator shall be liable for interest on delinquent taxes from the due date at a rate of twelve per cent (12%) per annum, and in addition a penalty of one per cent (1%) for each month or fraction thereof such taxes are delinquent.

10. **RECORDS** - Every operator must keep and preserve for a period of three (3) years all records necessary to determine the amount of such tax, which records the tax collection official shall have the right to inspect at all reasonable times.

11. **ITEMIZING TAX** - Tax should be shown as a separate item on your bill to your tenant and on your receivable ledger record.

12. **TAX IS AN ADDITIONAL TAX** - The tax herein levied shall be in addition to all other taxes and fees levied or authorized to be levied.

(THIS SECTION FOR OFFICIAL USE ONLY)

CHECK NUMBER

DATE RECEIVED

CHECKED BY



Name

Address

# ITEM 15

Acct#

Aid In Construction

Aid - Refundable

Aid - Non-Refundable

Assistance

Heat Pump Filing Fee

Meter Base

Meter Changes

ODL Fee

Surge Protection

Tax

Travel

**Total**





## CITY OF ALCOA CUSTOMER SERVICE REQUEST

15619

Name: \_\_\_\_\_

Call Taken By: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Phone: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Route To:	030	WATR	040	SEWR
050	SANI	060	STRT	METR
080	TRAF	085	CODE	LNFL
086	ENG	093	POLI	ELEC

**Request/Complaint/Problem/Question:**

OTHER: \_\_\_\_\_

**Resolution:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

DISTRIBUTION:  
White & Copy Copies - Route to Supervisor

Collection

**ITEM 17**

Name: \_\_\_\_\_

Ticket No: \_\_\_\_\_

Fine \_\_\_\_\_

Costs \_\_\_\_\_

Failure to Appear 50.00

Litigation Tax \_\_\_\_\_

Total:

\_\_\_\_\_  
Clerk Initials

CASE NUMBER # \_\_\_\_\_

**DOMESTIC ABUSE  
VICTIMS RIGHTS / BOND RELEASE NOTIFICATION  
ALCOA POLICE DEPARTMENT**

To persons in the City of Alcoa,

If you are the victim of a Domestic Abuse, you can ask the District Attorney General to file a criminal complaint. You also have the right to go to the court having jurisdiction over domestic relations and file a petition requesting an order of protection from domestic abuse, which could include the following: a) an order restraining the abuser from further acts of abuse, b) an order directing the abuser to leave your household, c) an order preventing the abuser from harassing or stalking you or coming about you for any reason, d) an order awarding you or the other parent custody or visitation with your minor child or children, e) an order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.

It is also permissible for you to make a citizens arrest of the assailant and I will transport the assailant to jail. The name and phone numbers for the area crisis or domestic abuse shelter programs or immediate assistance are listed below. Also I can transport you to a safe location.

Haven House	982-1087	Alcoa Police Department	981-4111
District Attorney General	273-5600	Blount County Sheriffs Office	273-5007
Blount Memorial Hospital	983-7211	General Sessions Court	273-5450
Any Emergency	911	Rural Metro Ambulance	982-2500

Reference: Offender/Defendant \_\_\_\_\_

After being advised of my rights pursuant to Tennessee Code Annotated 40-38-103(b), I request that I BE NOTIFIED or NOT BE NOTIFIED of the release from custody of the above named offender/defendant prior to trial.

Date \_\_\_\_\_ Signature Victim/Family Member \_\_\_\_\_

Victim/Family Member of Victim \_\_\_\_\_

Home Address \_\_\_\_\_

Current/Temporary Address \_\_\_\_\_

Employment Address \_\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Person(s) other than requester authorized to accept notification \_\_\_\_\_

Received \_\_\_\_\_ by \_\_\_\_\_

DATE	TIME	AGENCY/OFFICER	PIN #
------	------	----------------	-------

**NOTIFICATION RECORD**

Date \_\_\_\_\_ Time \_\_\_\_\_ Officer \_\_\_\_\_ I.D.# \_\_\_\_\_

Person Notified \_\_\_\_\_ How Notified \_\_\_\_\_

Transferred To \_\_\_\_\_ Correctional Facility

IMPORTANT NOTES: (If required use and attach additional sheets)

white copy to jail

yellow copy to records dept.



pink copy to victim





<b>WITNESSES</b>	WITNESSES PRESENT DURING DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	STATEMENT(S) TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CHILDREN PRESENT DURING DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Names, Ages and DOB of ALL Children Present: _____
STATEMENT(S) TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ORDER OF PROTECTION: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENT <input type="checkbox"/> EXPIRED	VICTIM GIVEN:
TYPE: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	<input type="checkbox"/> VICTIM'S RIGHTS/BOND RELEASE FORM
ISSUING COURT: _____	<input type="checkbox"/> D.V. TASK FORCE VICTIM'S RIGHTS CARD
ORDER OR DOCKET NUMBER: _____	

VICTIM WILL BE AT A TEMPORARY ADDRESS?     YES     NO

VICTIM SUSPECT	HT. _____	
	WT. _____	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>PLEASE DRAW ON DIAGRAM(S) THE LOCATION OF ANY INJURIES.</p> </div>		
		

VICTIM SUSPECT	HT. _____	
	WT. _____	
		

CONTINUED ON ARJIS 9 FORM

**TO ALL HEALTH CARE PROVIDERS:**  
 Having been advised of my right to refuse, I hereby consent to the release of my medical records to law enforcement, the District Attorney's Office, and the City Attorney's Office.

2 of 2  
 APD FORM 155b  
 NEW 08/02

Signature \_\_\_\_\_

# ALCOA POLICE DEPARTMENT TOW-IN REPORT

**ITEM 20**

CASE# \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ ( )AM ( )PM

Year	Make	Model	Plate	Yr	State

V.I.N. \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Arrestee's Name: \_\_\_\_\_ (if applicable)

Location: \_\_\_\_\_

Reason for Towing: ( ) Arrest ( ) Abandoned ( ) Traffic Hazard

( ) Recovered ( ) Investigation ( ) Other: \_\_\_\_\_

Hold ( ) Reason: \_\_\_\_\_

Vehicle Condition/Damage \_\_\_\_\_

Inventory \_\_\_\_\_

Towed By: \_\_\_\_\_ Towed To \_\_\_\_\_

Wrecker Service: \_\_\_\_\_  
(Driver Signature)

Officer Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Released By: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_





UNIFORM TRAFFIC TICKET AND COMPLAINT

ITEM 22

CASE No. \_\_\_\_\_ DOCKET No. \_\_\_\_\_ PA \_\_\_\_\_

CITY OF ALCOA  
COUNTY OF BLOUNT  
STATE OF TENNESSEE  
PH. #(865) 981-4111

No 112437

COMPLAINT - AFFIDAVIT

IN THE CITY \_\_\_\_\_ COURT OF ALCOA, TN 37701

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OATH DEPOSES AND SAYS:

ON \_\_\_\_\_ THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ AT \_\_\_\_\_ A.M. P.M.

NAME \_\_\_\_\_ LAST (PLEASE PRINT) FIRST INITIAL

STREET \_\_\_\_\_

CITY - STATE - ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_

DRIV. LIC. No. \_\_\_\_\_ STATE \_\_\_\_\_ KIND \_\_\_\_\_ DID UNLAWFULLY (OPERATE) \_\_\_\_\_ (PARK) \_\_\_\_\_

COMMERCIAL VEHICLE  HAZARDOUS MATERIAL

CO. NAME \_\_\_\_\_ WT. \_\_\_\_\_

VEH. LIC. No. \_\_\_\_\_ YR. \_\_\_\_\_ STATE \_\_\_\_\_

YR. \_\_\_\_\_ MAKE \_\_\_\_\_ STYLE \_\_\_\_\_ COLOR \_\_\_\_\_

UPON A PUBLIC STREET OR HIGHWAY, NAMELY (LOCATION) \_\_\_\_\_ LOCATED IN THE CITY, VILLAGE, TOWNSHIP, COUNTY AND STATE AFORESAID AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE.

ACCIDENT CASE Leading Causes of Accidents	SPEEDING (over limit) <input type="checkbox"/> 5-10 m.p.h. <input type="checkbox"/> 11-15 m.p.h. <input type="checkbox"/> over 15 m.p.h.	Accepted Bond Amt. or Type _____
	<input type="checkbox"/> Unreasonable for conditions ( _____ MPH in _____ MPH zone)	
	<input type="checkbox"/> Unable to stop in assured clear distance ahead	
	Improper LEFT TURN <input type="checkbox"/> No Signal <input type="checkbox"/> Cut corner <input type="checkbox"/> From wrong lane	
	Improper RIGHT TURN <input type="checkbox"/> No Signal <input type="checkbox"/> Into wrong lane <input type="checkbox"/> From wrong lane	
	Disobeyed TRAFFIC SIGNAL (When light turned red) <input type="checkbox"/> Past middle intersection <input type="checkbox"/> Middle of intersection <input type="checkbox"/> Not reached intersection	
	Disobeyed STOP SIGN <input type="checkbox"/> Wrong place <input type="checkbox"/> Walk speed <input type="checkbox"/> Faster	
	Improper PASSING AND LANE USAGE <input type="checkbox"/> At intersection <input type="checkbox"/> Cut in <input type="checkbox"/> Wrong side of pavement	
	<input type="checkbox"/> Between traffic <input type="checkbox"/> On right <input type="checkbox"/> On hill	
	<input type="checkbox"/> Lane straddling <input type="checkbox"/> Wrong lane <input type="checkbox"/> On curve	
OTHER VIOLATIONS (describe) _____ IN VIOLATION OF SEC. _____ OF THE _____	NAME _____ Arrest-Delivered to _____ Receipt No. _____ Occupation _____ Social Security Number _____	
<input type="checkbox"/> State Statute <input type="checkbox"/> Local Ordinance in such case made and provided.		

PARKING Meter No. \_\_\_\_\_ (Describe) Other \_\_\_\_\_ parking violation

overtime  Prohibited Area  Double Parking  Expired Meter

Conditions that increased Seriousness of Violation	SLIPPERY PAVEMENT <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Night <input type="checkbox"/> Fog <input type="checkbox"/> Snow	TYPE OF ACCIDENT	CAUSED PERSON TO DODGE <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver	PD <input type="checkbox"/> PI <input type="checkbox"/> FATAL <input type="checkbox"/>
	DARKNESS <input type="checkbox"/> Fog <input type="checkbox"/> Snow		JUST MISSED ACCIDENT <input type="checkbox"/>	Ped. <input type="checkbox"/> Vehicle <input type="checkbox"/>
	OTHER TRAFFIC PRESENT <input type="checkbox"/> Cross <input type="checkbox"/> Overtaking <input type="checkbox"/> Pedestrian <input type="checkbox"/> Same direction			Hit Fixed Object <input type="checkbox"/> Right Angle <input type="checkbox"/> Head on <input type="checkbox"/> Sideswipe <input type="checkbox"/> Rear end <input type="checkbox"/> Ran off Roadway <input type="checkbox"/> Intersection <input type="checkbox"/>
	AREA: <input type="checkbox"/> Business <input type="checkbox"/> Industrial <input type="checkbox"/> School <input type="checkbox"/> Residential <input type="checkbox"/> Rural			
	HIGHWAY TYPE: <input type="checkbox"/> 2 lane <input type="checkbox"/> 3 lane <input type="checkbox"/> 4 lane <input type="checkbox"/> 4 lane divided			

THE UNDERSIGNED FURTHER STATES THAT HE HAS JUST AND REASONABLE GROUNDS TO BELIEVE, AND DOES BELIEVE, THAT THE PERSON NAMED ABOVE COMMITTED THE OFFENSE HEREIN SET FORTH, CONTRARY TO LAW AND AGAINST THE PEACE AND DIGNITY OF THE STATE. SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ (Signature and identification of officer or other complainant)

(Name; and title) \_\_\_\_\_ (Unit No.) \_\_\_\_\_

COURT APPEARANCE: \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT 3:00 P.M.,

ADDRESS OF COURT 2020N. WRIGHT RD., ALCOA, TN 37701  
I PROMISE TO APPEAR IN SAID COURT OR BUREAU AT SAID TIME AND PLACE.

SIGNATURE \_\_\_\_\_  
NOTICE: UNDERSTANDING THAT FAILURE TO APPEAR CONSTITUTES A SEPARATE OFFENSE.

APD 153-NEW 05/02

NOTICE TO VIOLATOR: READ BACK OF THIS SUMMONS CAREFULLY. BRING SUMMONS WITH YOU.

## Back of ITEM 22

ATTN:

This citation may be paid prior to the court date and your appearance would not be required. If you fail to satisfy (pay) this citation prior to the date and time indicated on reverse side, you must appear in court.

Understanding that by paying the citation and not appearing in court will be considered as a plea of guilty.

For Amount Due or Questions, Please Call the Alcoa Court Clerk at (865) 981-4111 Between 9:00 a.m. and 4:00 p.m. Monday thru Friday. Please allow 5 business days for processing.

Form of payments accepted: cashiers check, money order & cash (Please do not send cash through the mail) **NO BUSINESS OR PERSONAL CHECKS ACCEPTED.**

Please make payable to:

City of Alcoa

Please mail payments to:

Alcoa Municipal Court  
2020 N. Wright Road  
Alcoa, TN 37701

ATTN:

Esta ofensa puede ser pagada antes de la fecha de la corte y su presencia no será requerida. Si usted no puede cubrir (pagar) dicha ofensa, antes de la fecha y de la hora indicada en el dorso, usted debe estar presente en la corte.

Hágase saber que pagando la ofensa y no apareciendo ante el tribunal será considerada una réplica de culpabilidad.

Para la cantidad adeudada o preguntas, por favor llame al oficinista de la corte de Alcoa al (865) 981-4111 entre 9:00 a.m. y 4:00 p.m. de lunes a viernes. Por favor permítale cinco días de trabajo para procesar.

Se aceptan las siguientes formas de pagos: cheques de cajero (cashiers check), orden de pago (money order) y efectivo (por favor no envíe efectivo a través del correo) **NINGÚN CHEQUE DE NEGOCIO O PERSONAL SON ACEPTADOS.**

Por favor pague a:

City of Alcoa

Por favor mande pagos por correo a:

Alcoa Municipal Court  
2020 N. Wright Road  
Alcoa, TN 37701

For assistance, please call:



Court Clerk, Local ADA Coordinator  
City of Alcoa Municipal Court  
2020 N. Wright Road  
Alcoa, Tennessee 37701  
(865) 981-4111



ALCOA POLICE DEPARTMENT  
EVIDENCE SUBMITTAL FORM

REFERENCE #

E-12689

DATE OF INCIDENT: \_\_\_\_\_ Incident Time: \_\_\_\_\_ CASE#: \_\_\_\_\_

OFFICER'S NAME: \_\_\_\_\_ VEHICLE#: \_\_\_\_\_

SUSPECT/ARRESTEE'S NAME (if applicable): \_\_\_\_\_

CHARGE or TYPE OF INCIDENT: \_\_\_\_\_ BAC KIT: \_\_\_\_\_

NARCOTICS and/or PARAPHERNALIA

ITEM#	DESCRIPTION	AMOUNT

SEIZURE/FORFEITURE PAPERWORK

SUBMITTED BY: \_\_\_\_\_ (Officer Signature)

RECEIVED BY: \_\_\_\_\_ (Evidence Custodian)

RECEIVED BY: \_\_\_\_\_ (TN Department of Safety)

ALL OTHER EVIDENCE

ITEM#	DESCRIPTION	AMOUNT

OFFICER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHAIN OF CUSTODY

DATE	TIME	SIGNATURE OF RECEIVING AGENT	LOCATION

Evidence Disposition: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

APD Form 231  
New 12/05

Evidence Locker # \_\_\_\_\_

ALCOA POLICE DEPARTMENT MISDEMEANOR MULTIPLE OFFENSE CITATION

STATE OF TENNESSEE  
COUNTY OF BLOUNT

No. 00107

THE UNDERSIGNED BEING DULY SWORN UPON HIS/HER OATH DEPOSES:

ON \_\_\_\_\_ THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_ TIME \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. DOCKET #:

**V I O L A T O R**  
NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_ CLASS \_\_\_\_\_ STATE \_\_\_\_\_ SSN \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

**V E H I C L E**  
**DID UNLAWFULLY OPERATE/PARK A MOTOR VEHICLE**  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE PLATE No. \_\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_  
OWNED \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACC. \_\_\_\_\_  
CARRIER \_\_\_\_\_ MC. \_\_\_\_\_  
LEASED \_\_\_\_\_

**L D C**  
UPON STREET/HWY. \_\_\_\_\_ CITY/COUNTY \_\_\_\_\_  
DIRECTION \_\_\_\_\_ HWY. TYPE \_\_\_\_\_ WEATHER \_\_\_\_\_  
NORTH \_\_\_\_\_ 2-L \_\_\_\_\_ A \_\_\_\_\_  
SOUTH \_\_\_\_\_ 3-L \_\_\_\_\_ R \_\_\_\_\_  
EAST \_\_\_\_\_ 4-L \_\_\_\_\_ E \_\_\_\_\_  
WEST \_\_\_\_\_ DIV \_\_\_\_\_ A \_\_\_\_\_

**V I O L A T I O N**  
AFORESAID DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):  
A SPEEDING \_\_\_\_\_ MPH IN \_\_\_\_\_ ZONE E LIGHT LAW I RECKLESS DRIVING  
B SUSPENDED D.L. F FINANCIAL RESPONSIBILITY J REGISTRATION LAW  
C REVOKED D.L. G OTHER K TRAFFIC SIGNAL  
D NO DRIVERS LICENSE H OTHER L TRAFFIC SIGN

**N A R R A T I V E**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**O F F I C E R**  
THE UNDERSIGNED FURTHER STATES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE, THAT THE PERSON NAMED ABOVE COMMITTED THE OFFENSE(S) HEREIN SET FORTH, CONTRARY TO LAW.  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_ RANK \_\_\_\_\_ OFFICER NAME (PRINT) \_\_\_\_\_ BADGE No./PIN# \_\_\_\_\_

HAVING BEEN DULY SWORN, I DO HEREBY ATTEST THAT THE ABOVE IS A COMPLETE COPY OF THE ORIGINAL CITATION, AND THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.  
SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

**C O U R T**  
SIGNATURE OF OFFICER \_\_\_\_\_ JUDGE/CLERK/MAGISTRATE \_\_\_\_\_  
YOUR COURT APPEARANCE HAS BEEN SET IN THE GENERAL SESSIONS COURT OF BLOUNT COUNTY  
ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_ AT \_\_\_\_\_ A.M./P.M. LOCATED ON THE SECOND FLOOR OF THE  
BLOUNT COUNTY JUSTICE CENTER, 920 EAST LAMAR ALEXANDER PARKWAY, MARYVILLE TN.

NOTICE: FAILURE TO APPEAR IN COURT ON THE DATE ASSIGNED TO THIS CITATION OR AT THE APPROPRIATE POLICE STATION FOR BOOKING AND PROCESSING WILL RESULT IN YOUR ARREST FOR A SEPARATE CRIMINAL OFFENSE WHICH IS PUNISHABLE BY A JAIL SENTENCE OF ELEVEN (11) MONTH TWENTY-NINE (29) DAYS AND/OR A FINE UP TO TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500.00).

I UNDERSTAND THE ABOVE NOTICE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT.  
VIOLATOR'S SIGNATURE: \_\_\_\_\_



## Back of ITEM 24

### Information About your Citation: General Sessions Court of Blount County, Tennessee

You have been given a citation for the offense indicated thereon. You may appear in person at the time and date shown on said citation for trial. If you do not wish to appear in Court and desire to plead guilty to said offense, you may do so by mail or coming to the General Sessions Court Clerk's office, Traffic Division. To find out the amount owed or other options available to you, call 865-273-5440. Should you decide to pay by mail, a cashier's check or money order made payable to the General Sessions Court Clerk will be accepted. **No personal checks will be accepted.** If you wish to pay in person you may do so by paying with cash, money order or certified check at the Clerk's office Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m., with the exception of holidays. Payment by mail or in person must be received prior to the trial date and will be acknowledgement of your guilt. **FAILURE TO PAY OR APPEAR IN COURT MAY RESULT IN CONTEMPT OF COURT CHARGES AND/OR CANCELLATION OF YOUR DRIVER'S LICENSE.** Mail your citation with payment to:

GENERAL SESSIONS COURT CLERK  
TRAFFIC DIVISION  
928 East Lamar Alexander Parkway  
Maryville, Tennessee 37804

**If you have questions, please call (865) 273-5440**

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### NOTICE

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**There are certain violations that require a personal appearance in court. By contacting the Clerk's office, they will inform you if your violation requires an appearance.**



City of Alcoa M

Payment A

**ITEM 25**

Ticket No.: \_\_\_\_\_

You are required to make payment in the amount of \$\_\_\_\_\_ by the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

If you fail to pay as required, then your driving privileges will be suspended. If you have any questions, please call (865) 981-4111.

\_\_\_\_\_  
Clerk

Initials

\_\_\_\_\_  
Violator

Signature







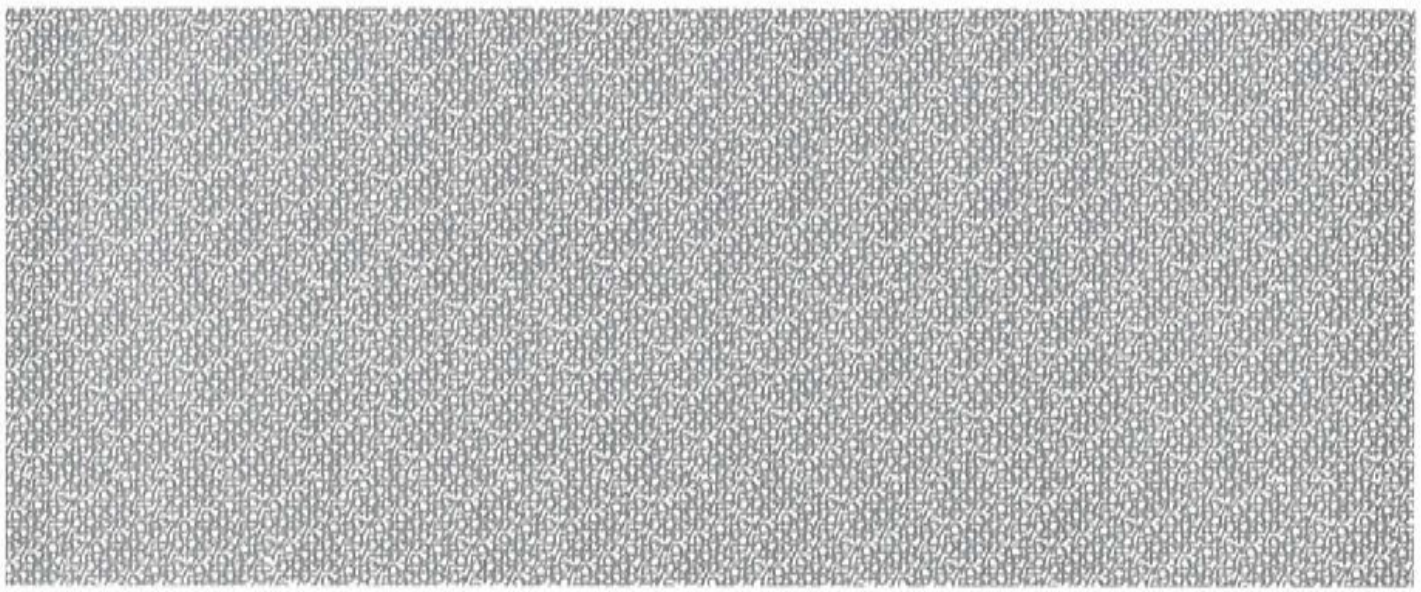
Item 27B - Front

**\*See Reverse Side For Easy Opening Instructions\***

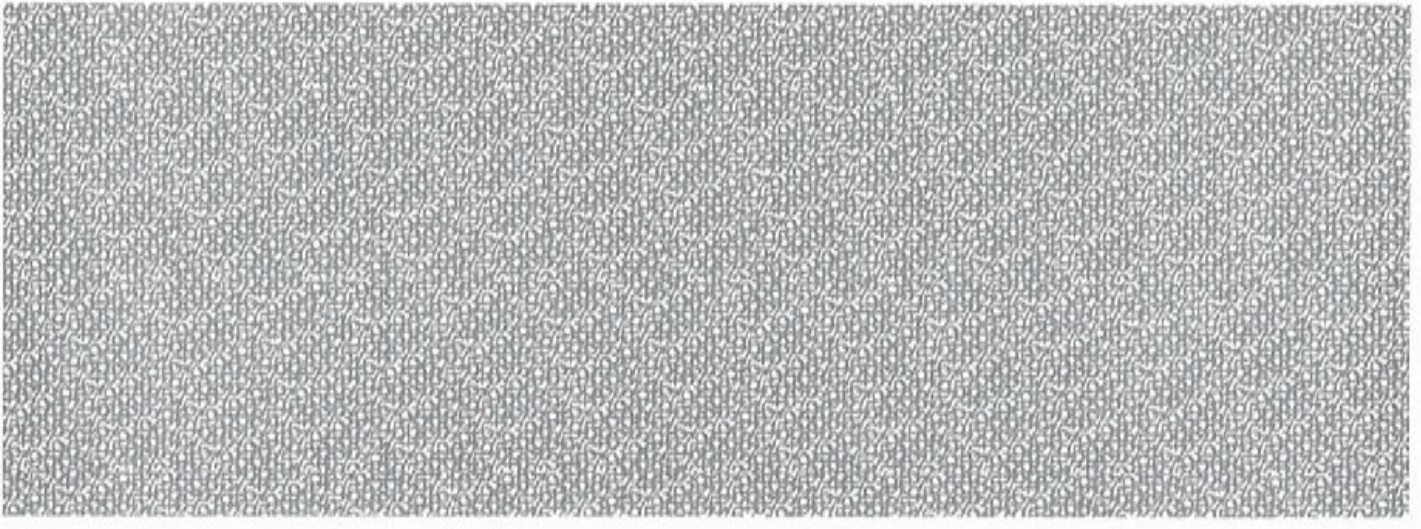
REMOVE STUBS AT BOTH ENDS FIRST  
THEN FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION

REMOVE BOTH SIDE STUBS FIRST  
FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION

FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION



Item 27B - Back side









**PREVENTIVE MAINTENANCE INSPECTION AND SERVICE  
FOR CARS/VANS/PICKUPS**

EQUIPMENT NO. \_\_\_\_\_ MECHANIC \_\_\_\_\_ DATE \_\_\_\_\_  
 ODOMETER \_\_\_\_\_

PM A

	<u>CHECKED</u>	<u>SERVICED</u>		<u>CHECKED</u>	<u>SERVICED</u>
Exterior Body Condition	_____	_____	Fluid Level:		
Tires: Pressure	_____	_____	Transmission Fluid	_____	_____
Tread Depth	_____	_____	Coolant	_____	_____
License Plate Secure	_____	_____	W/S Washer	_____	_____
Fluid Leaks	_____	_____	Master Cylinder	_____	_____
Lights, Lenses	_____	_____	Power Steering	_____	_____
Glass, Mirrors	_____	_____	Battery	_____	_____
Horn, Siren	_____	_____	Belts	_____	_____
Brake Pedal	_____	_____	Hoses	_____	_____
Exhaust System	_____	_____	Battery Cable Ends	_____	_____
Parking Brake	_____	_____	Wiper Blades	_____	_____
Insurance Form	_____	_____			
Change Engine Oil and Filter and Air Filter	_____	_____			

PM B

Load Test Battery	_____	_____	Pull Wheels, Check		
Test Charging System	_____	_____	Brakes	_____	_____
Aim Headlights	_____	_____	Check Front End		
Interior Condition	_____	_____	Alignment	_____	_____
Radios	_____	_____	Clean Interior	_____	_____
Air Conditioner	_____	_____	Air Filter	_____	_____
Heater/Defroster	_____	_____	PCV Filter	_____	_____
Bushings, Tie Rod Ends,	_____	_____	Spare Tire	_____	_____
Idler Arm	_____	_____	Jack, Handle	_____	_____
Test Drive	_____	_____	Fire Ext./Flares	_____	_____
			Engine and Trans. Mount	_____	_____

PM C

Lube Chassis	_____	_____	Change Transm. Fluid		
Pack Wheel, Bearings	_____	_____	and Filter	_____	_____
Change Fuel Filter	_____	_____	Change Bypass Hose if		
Test Cooling System	_____	_____	not Silicon	_____	_____
Check Differential Fluid	_____	_____	Engine Analyzer Test	_____	_____
			Shock Absorbers	_____	_____

NOTES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEPARTMENT OF  
PUBLIC WORKS &  
ENGINEERING**

*The mission of the City of Alcoa's Department of Public Works & Engineering is to provide quality services that are responsive to customer needs. Customer satisfaction is achieved through economic responsibility by utilizing our human, financial and natural resources to their greatest potential. Our vision of a quality community will be built on foundations of the past while continuing to improve our services.*

**COMMERCIAL / INDUSTRIAL SOLID WASTE COLLECTION  
APPLICATION**

ACCOUNT NUMBER \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

LOCATION of roll-off \_\_\_\_\_

Billing  
MAILING ADDRESS \_\_\_\_\_ City St Zip

PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

Dumpster Service

		M	T	W	T	F	S
4 cy	_____	_____	_____	_____	_____	_____	( )
6 cy	_____	_____	_____	_____	_____	_____	( )
8 cy	_____	_____	_____	_____	_____	_____	( )

Roll-Out Carts

Carts \_\_\_\_\_ ( )

Roll-Off Container Service

<b>Container</b>	<b>Monthly Rental</b>	<b>Transportation Fee</b>	<b>Disposal Fee</b>
20 cy _____	\$60.00	\$125.00	Tipping Fee
30 cy _____	\$65.00	\$125.00	Tipping Fee
40 cy _____	\$75.00	\$125.00	Tipping Fee

Fee: Dumpster \$\_\_\_\_/wk    Dumpster, Sat. \$\_\_\_\_/wk  
 Cart \$\_\_\_\_/mo (1<sup>st</sup> cart - no charge)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail to: City of Alcoa, 223 Associates Blvd., Alcoa, TN 37701  
 Please direct any questions to Dept of Public Works, 380-4815

Distribution: Original - New Service  
 Yellow - Public Works  
 Pink - Customer







## City of Alcoa - Roll-Out Garbage Carts

ITEM 3/A

- New Construction (Original to Sanitation; copies to Codes Enforcement.)
- Additional Cart (Original and copies to Sanitation.)
- Replacement Cart (Original and copies to Sanitation.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cart Fee: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

(Budget Code 125-357)

### New Construction

Certificate of Occupancy - Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

(Forward 1st copy to Sanitation)

### Cart Issued

Manufacturer: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF ALCOA**

223 Associates Blvd.  
Alcoa, Tennessee - 37701-1943

**ITEM 32**

# 10



CITY OF ALCOA  
P.O. Box 9610  
Alcoa, TN 37701-0610

**ITEM 33**

#10





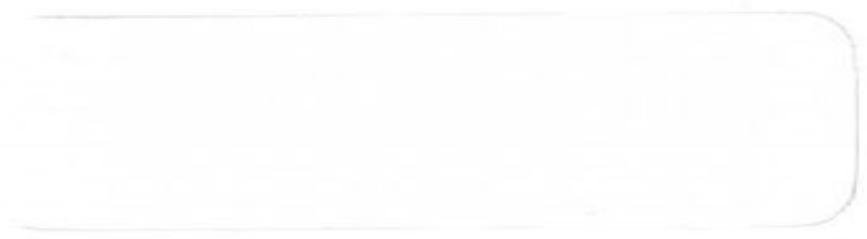
**CITY OF ALCOA**

223 Associates Blvd.

Alcoa, Tennessee - 37701-1943

**ITEM 34**

# 11



**CITY OF ALCOA**

223 Associates Blvd.  
Alcoa, Tennessee - 37701-2243

**ITEM 35**

#9  
Window



**CITY OF ALCOA**

223 Associates Blvd.  
Alcoa, Tennessee - 37701-1943

**ITEM 36**

#9



**BLOUNT COUNTY  
SOLID WASTE  
AUTHORITY**

---

240 LONG POWERS ROAD  
FRIENDSVILLE, TENNESSEE 37737

**ITEM 37**

**ITEM 38**



---

223 Associates Boulevard, Alcoa, Tennessee 37701-1948

*EXCELLENCE IN SERVICE - QUALITY OF LIFE*

**CITY OF ALCOA**

223 Associates Blvd.  
Alcoa, Tennessee - 37701-1948

**ITEM 39**

# 10







**CITY OF ALCOA**

**Police Department**

2020 N. Wright Road • Alcoa, TN 37701

**ITEM 40**

ITEM 41

# EVIDENCE

CASE # \_\_\_\_\_ INVENTORY # \_\_\_\_\_

## CONTENTS

# ITEMS	ITEM DESCRIPTION

DATE AND TIME OF RECOVERY \_\_\_\_\_

LOCATION OF RECOVERY \_\_\_\_\_

RECOVERED BY \_\_\_\_\_

SUSPECT \_\_\_\_\_

VICTIM \_\_\_\_\_

TYPE OF OFFENSE \_\_\_\_\_

## CHAIN OF CUSTODY

RECEIVED FROM \_\_\_\_\_ BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

RECEIVED FROM \_\_\_\_\_ BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

RECEIVED FROM \_\_\_\_\_ BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

# EVIDENCE

ITEM 42

CASE # \_\_\_\_\_ INVENTORY # \_\_\_\_\_

## CONTENTS

# ITEMS	ITEM DESCRIPTION

DATE AND TIME OF RECOVERY \_\_\_\_\_

LOCATION OF RECOVERY \_\_\_\_\_

RECOVERED BY \_\_\_\_\_

SUSPECT \_\_\_\_\_

VICTIM \_\_\_\_\_

TYPE OF OFFENSE \_\_\_\_\_

## CHAIN OF CUSTODY

RECEIVED FROM \_\_\_\_\_ BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

RECEIVED FROM \_\_\_\_\_ BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

RECEIVED FROM \_\_\_\_\_ BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_



CITY OF ALCOA UTILITIES  
MUNICIPAL BUILDING  
ALCOA, TENNESSEE 37701  
PHONE: 981-4100

**ITEM 43**

**Code 143**

Code 143

Service Charge

**Service Charge**

**15.00**

15.00

**CITY OF ALCOA UTILITIES**

MUNICIPAL BUILDING  
ALCOA, TN 37701  
PHONE: (865) 380-4700

**ITEM 44**

Code 451-94

Code

451-94

**Service Fee**

Service Fee

15.00

15.00

Fee is nonrefundable

ALCOA POLICE DEPARTMENT  
NOTICE OF FALSE ALARM ACTIVA

ITEM 45

This will advise you that on \_\_\_\_\_, 20 \_\_\_\_\_,  
at \_\_\_\_\_ AM/PM your Alarm System was activated. Officer  
\_\_\_\_\_ of the Alcoa Police Department responded  
and was unable to determine a justifiable reason for it being activated. It is  
being classified as a False Alarm and will be filed in your alarm file.

APD FORM 158  
NEW 08/02



## LEAVE and WORK REPORT

ITEM 46

EMP.# \_\_\_\_\_ TOTAL SICK \_\_\_\_\_ TOTAL VACATION \_\_\_\_\_ TOTAL OVERTIME \_\_\_\_\_

NAME: \_\_\_\_\_

	DATE	SICK/WC	VACATION	OVERTIME	DATE	SICK/WC	VACATION	OVERTIME
SAT								
SUN								
MON								
TUE								
WED								
THU								
FRI								

COMMENTS:

## FIELD INTERVIEW

Control # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle InitialAddress: \_\_\_\_\_  
House # Street City State Zip

Phone #: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ (inches) Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Operator License #: \_\_\_\_\_ Operator License State: \_\_\_\_\_

Year of vehicle: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Top color: \_\_\_\_\_ Bottom color: \_\_\_\_\_

Location of interview: Address                      Intersection                      Place (circle one)

House # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

Date of interview: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for interview \_\_\_\_\_

SUS = Suspect	SEX = Sex Offender
VIC = Victim	DRI = Driver
WIT = Witness	PED = Pedestrian
KNO = Known Felon	BYS = Bystander
	OTH = Other

Primary officer at interview \_\_\_\_\_ (pin)                      Secondary Officer \_\_\_\_\_ (pin)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case #: \_\_\_\_\_

Back of ITEM 47

Charge Code: \_\_\_\_\_

Adult Disposition: - C = Referred for filing of charges  
R = Released = no charges filed  
O = Referred to other agency  
L = Referred to other law enforcement agency



## DOOR-TO-DOOR COMMUNITY POLICING CONTACTS

- 1.) ADDRESS: \_\_\_\_\_
- 2.) TELEPHONE NUMBER: \_\_\_\_\_
- 3.) NAMES OF RESIDENTS: \_\_\_\_\_
- 4.) EMERGENCY CONTACT: \_\_\_\_\_
- 5.) EMERGENCY TELEPHONE NUMBER: \_\_\_\_\_
- 6.) ANY RESIDENTS WITH SPECIAL NEEDS: \_\_\_\_\_
- 7.) IS YOUR POLICE DEPARTMENT DOING A GOOD JOB?      YES \_\_\_      NO \_\_\_
- 8.) HOW CAN WE IMPROVE OUR SERVICE FOR YOU: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.) EXPLAIN HOW TO CALL FOR POLICE, ANIMAL CONTROL, OTHER, & SAFETY BUILDING HOURS.

10.) ARE YOU SATISFIED WITH THE OTHER CITY SERVICES (REFUSE, WATER, ELECTRIC, ETC. . )? YES \_\_\_\_ NO \_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICER: \_\_\_\_\_ PIN #: \_\_\_\_\_

DATE: \_\_\_\_\_ TOTAL TIME SPENT ON CONTACT: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Back of ITEM 48

# Alcoa Police Department **ITEM 49**

Phone: (865) 981-4111 Fax: (865)

Security Card

In an effort to promote safety and protect your property, these premises were checked on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

By Officer: \_\_\_\_\_ PIN#: \_\_\_\_\_

Condition at time of check:

Secure  Door or window found open

Other: \_\_\_\_\_

Attempt made to contact key holder yes  no

**In order to better serve you, we hope to hear from you soon.**

APD FORM 179  
NEW 08/02



ANIMAL BITE RECORD

Person Bitten \_\_\_\_\_ Age \_\_\_\_\_ Date of Bite \_\_\_\_\_

Address \_\_\_\_\_ Parent \_\_\_\_\_ Phone \_\_\_\_\_

Location of Bite \_\_\_\_\_

Treatment \_\_\_\_\_ By \_\_\_\_\_

Animal Owner \_\_\_\_\_ Address \_\_\_\_\_

Animal \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Phone \_\_\_\_\_

Sex \_\_\_\_\_ Wt. \_\_\_\_\_ Age \_\_\_\_\_ Reg. No., City, Date \_\_\_\_\_

Vaccination: Date \_\_\_\_\_ Type \_\_\_\_\_ By \_\_\_\_\_

Quarantined \_\_\_\_\_ Released \_\_\_\_\_ Where \_\_\_\_\_

Reported by \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_

Investigation \_\_\_\_\_

CITY OF ALCOA ANIMAL CONTROL ITEM 51



# City Of Alcoa

DEPARTMENT OF FLEET MANAGEMENT

**ITEM 52**

## REPAIR ORDER

Unit #	Date/Time	Site	Repair Reason
	Date IN: ____/____/____ Date OUT: ____/____/____		<input type="checkbox"/> Preventive Maintenance <input type="checkbox"/> Breakdown <input type="checkbox"/> Routine <input type="checkbox"/> Accident <input type="checkbox"/> Driver Abuse <input type="checkbox"/> Warranty <input type="checkbox"/> Fixed Cost <input type="checkbox"/> Fuel Cost
Repair Order #	Time IN: ____:____am/pm Time OUT: ____:____am/pm	Status	
		<input type="checkbox"/> Open <input type="checkbox"/> Closed	

Repair Class	Meter Reading	Instructions
<input type="checkbox"/> Scheduled	Meter #1 _____	
<input type="checkbox"/> Unscheduled	Meter #2 _____	
<input type="checkbox"/> Emergency	Meter #3 _____	

Sys	Mechanic/Vendor	Date	Time In	Time Out	Total Time	Method	Rate	Total Labor Amt.

Sys	Part Number	Description	Quantity	Cost Per	Part Cost	Failure	Total Parts Amt.

**Description Of Work Performed:**

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- System Codes:**
- |                          |                     |                        |
|--------------------------|---------------------|------------------------|
| PM - Prev. Maint Service | 22 - Axles/Diff.    | 50 - Accessories       |
| 01 - AC & Heating        | 23 - Clutch         | 65 - Hydraulic Sys     |
| 02 - Cab & Body Work     | 26 - Transmission   | 85 - Appearance        |
| 13 - Brakes              | 30 - Electrical Sys | 90 - Special Equipment |
| 15 - Steering System     | 40 - Engine         | 99 - Washing           |
| 16 - Suspension & Frame  | 42 - Cooling        | 00 - Fuel Cost         |
| 17 - Tires & Wheels      | 43 - Exhaust        |                        |

<b>Parts Cost:</b>	\$ _____
<b>Labor Cost:</b>	\$ _____
<b>Tax:</b>	\$ _____
<b>GRAND TOTAL \$</b>	_____

Supervisor: \_\_\_\_\_

**ITEM 53**

**ALCOA ELECTRIC DEPARTM  
Multiple Street Light Record**

Photoelectric Controlled

Suburban Mercury Luminaires

.....No. Date Installed.....Style.....

Master Meter Reading.....hr.

Lamp.....Total KW per hr. ....

Location .....

.....

Removed ..... Date .....















## WATER METER INSTALLATION RECORD

ITEM 57

METER NO. \_\_\_\_\_

SERIAL NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

SIZE \_\_\_\_\_

MAKE \_\_\_\_\_

TYPE \_\_\_\_\_

ORDER NO. \_\_\_\_\_

DATE REC'D \_\_\_\_\_

INSTALLED		NAME	ADDRESS	REMOVED	
DATE	READING			DATE	READING

### WATER METER TEST AND REPAIR RECORD

DATE	AS FOUND	REPAIRS	REMARKS



# CITY OF ALCOA PUBLIC WORKS & ENGINEERING DEPARTMENT

## 2011

# ITEM 57A

SANITATION SERVICES: 380-4815

PUBLIC WORKS ADMINISTRATION: 380-4800

MUNICIPAL BUILDING & INFO: 380-4700

Spring Leaf Collection: March 15 - March 25 / Fall Leaf Collection: October 04, 2011 - January 06, 2012

Waste Oil Collected at the Recycle Drop-Off Center (Springbrook Rd)

### JANUARY

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### BRUSH COLLECTION

Collected the 1st and 3rd weeks of every month.  
 Have items at curb on same day as your residential garbage container. Items include: brush, tree trimmings, untreated wood & wood scraps (will only pick up clean untreated wood & scraps with no paint or varnish on them).  
 Have items at curb by 6:30 a.m.

### AUGUST

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

### FEBRUARY

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

### BULKY WASTE COLLECTION

Collected the 2nd and 4th weeks of every month.  
 Have items at curb on same day as your residential garbage container. Items include furniture, appliances with freon removed, cardboard, scrap metal and demolition materials, bagged leaves & grass.  
 NOTE: Bulky Waste must not be put out for collection earlier than the Friday prior to collection week.  
 Have items at curb by 6:30 a.m.

### SEPTEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

### MARCH

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

### GENERAL INFORMATION

- \* Bag leaves except during fall & spring leaf collections.
- \* Grass clippings must be bagged or placed in roll out cart with garbage. An additional cart may be purchased for \$45.
- \* All waste must be placed behind curb / edge of pavement. If slope of property is too steep, then place items at edge of asphalt and call office to inform.
- \* DO NOT PLACE BRUSH OR BULKY WASTE IN STREET

### OCTOBER

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### APRIL

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

### JUNE

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

### NOVEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

### MAY

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### JULY

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

### DECEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**BLANK WEEKS ARE FOR VEHICLE MAINTENANCE AND SPECIAL PROJECTS**

*"Quality Services for a Quality Community"*



Back of 57A

Alcoa Public Works Department  
725 Universal Street  
Alcoa, TN 37701

This calendar provided to Alcoa residents for disposal of brush and other bulky waste.  
Please keep as a reference throughout the year.

PRSR STD  
U.S. Postage  
**PAID**  
Knoxville, TN  
Permit No. 127

**PROJECT APPROVAL FORM  
FOR  
CERTIFICATE OF OCCUPANCY**



**Project Information**

Project Number \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

*The owner / contractor shall be responsible for scheduling final inspections of the project. A representative of each department listed below will sign off on this form indicating final approval.*

***One (1) week written notice prior to desired date of occupation is required for Final Inspections. A Certificate of Occupancy will be issued by the Building Official only after all applicable signatures are obtained.***

<b>CONTACT INFORMATION</b>	<b>SIGNATURE / DATE</b>
<b>PUBLIC WORKS &amp; ENG. (380-4800)</b>	
Public Water / Sanitary Sewer – Simon deVente	
Site Layout – Andrew Sonner / Simon deVente	
Detention Pond Certification- Andrew Sonner	
Water Quality Certification – Andrew Sonner	
Backflow Prevention – Kenny Hendrix	
Grease Trap – Larry Harper	
<b>PLANNING (380-4730)</b>	
Parking – Chris Hamby / Jeremy Pearson	
Landscaping – Chris Hamby / Jeremy Pearson	
Signs – Chris Hamby / Jeremy Pearson	
<b>FIRE (380-4999)</b>	
Sprinkler System, Fire Codes – Darren Stinnett	
Knox Box – Darren Stinnett	
Fire Alarm System – Darren Stinnett	
<b>ELECTRICAL (983-5493 / 981-4115)</b>	
Electric – Don Richesin	
Engineer in Charge	
<b>BUILDING (380-4730)</b>	
Building – Gary Holloway / Joe Ellis	
Plumbing – Gary Holloway / Joe Ellis	
Gas – Gary Holloway / Joe Ellis	
Mechanical – Gary Holloway / Joe Ellis	

*If the listed criterion is not applicable to the project, "N/A" will be noted on the signature line with the initials of the official.*

**Approved for** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Certificate of Occupancy** \_\_\_\_\_  
*Building Official*





# Building Permit



**CITY OF ALCOA**



Owner \_\_\_\_\_

Contractor \_\_\_\_\_

Location \_\_\_\_\_

Date Issued \_\_\_\_\_

Signed \_\_\_\_\_

Building Inspector

BUILDING DEPARTMENT



ITEM 57C

# PLUMBING PERMIT

*City of Alcoa*

OWNER \_\_\_\_\_

LOCATION \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
PLUMBING INSPECTOR

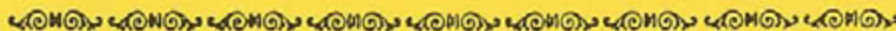
*Inspection Department*



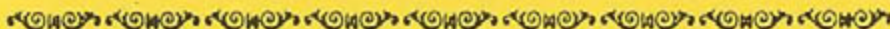


ITEM 575

# Building Permit



 CITY OF ALCOA 



Owner \_\_\_\_\_

Contractor \_\_\_\_\_

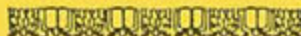
Location \_\_\_\_\_

Date Issued \_\_\_\_\_

Signed \_\_\_\_\_

Building Inspector

BUILDING DEPARTMENT



ITEM 57E

# PERMIT

GAS  MECHANICAL

CITY OF ALCOA

OWNER \_\_\_\_\_

LOCATION \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

DATE ISSUE \_\_\_\_\_

\_\_\_\_\_  
INSPECTOR

MUST BE POSTED ON JOB SITE

INSPECTION DEPARTMENT

Laser Cut Sheet

**ITEM 58**

Landfill  
ticket

# ITEM 59

SITE	TICKET	GRID		WEIGHMASTER	
DATE IN	DATE OUT	TIME IN	TIME OUT	VEHICLE	ROLL OFF
REFERENCE		ORIGIN			

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	FEE	TOTAL

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

SIGNATURE \_\_\_\_\_

SITE	TICKET	GRID		WEIGHMASTER	
DATE IN	DATE OUT	TIME IN	TIME OUT	VEHICLE	ROLL OFF
REFERENCE		ORIGIN			

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	FEE	TOTAL

NET AMOUNT
TENDERED
CHANGE
CHECK NO.





# ITEM 61

Abstract of Court Record

Ticket \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	Continued to _____ _____ Reason _____ _____ _____
	Continued to _____ _____ Reason _____ _____ _____
	Continued to _____ _____ Reason _____ _____ _____
	Trial by Court: Finding (verdict) _____ The Court, therefore, enters the following order & sentence: Fine: \$ _____ Costs: \$ _____ Traffic School: _____ Other entries by Court (Probation): _____ _____ Subsequent orders: _____ _____ _____ Judge _____
	Trial by Court: Finding (verdict) _____ The Court, therefore, enters the following order & sentence: Fine: \$ _____ Costs: \$ _____ Traffic School: _____ Other entries by Court (Probation): _____ _____ Subsequent orders: _____ _____ _____ Judge _____

# ALCOHOL/DRUG INFLUENCE REPORT FORM

DRIVER       ACCIDENT  
 PEDESTRIAN       VIOLATION  
 PASSENGER       OTHER

\_\_\_\_\_  
Last Name      First      M.I.

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ; Approx. Wt. \_\_\_\_  
D. L. No. \_\_\_\_\_ : St. \_\_\_\_\_  
Race \_\_\_\_\_ : Sex \_\_\_\_\_

D \_\_\_\_\_  
COMPLAINT NO. \_\_\_\_\_  
OFFICER \_\_\_\_\_  
BADGE NO. \_\_\_\_\_  
SOC. SEC. OR ID # \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

VEHICLE: \_\_\_\_\_  
Year      Make      Color(s)      Condition

TIME: \_\_\_\_\_  
1st Obs. AM/PM      Stopped AM/PM      Field Sob. Tests      Released      Arrested      Tested      Other

LOCATION: \_\_\_\_\_  
No.      Street      City      State      Zip

REASON FOR STOP: \_\_\_\_\_

CLOTHES	Type & Color	Describe	Orderly
Hat/Cap: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Jacket/Coat: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Shirt/Dress: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Pants/Skirt: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO

SPEECH:     Good     Fair     Mumbled     Slurred     Thick Tongued

ATTITUDE:     Cooperative     Polite     Indifferent     Sleepy     Excited     Insulting     Combative

BREATH:    Odor of Alcoholic Beverage     None     Weak     Moderate     Strong

UNUSUAL ACTIONS:     Laughing     Crying     Hiccoughing     Belching     Vomiting     Other

REACTION TIME TO EMERGENCY EQUIPMENT? IMMEDIATE  ABNORMALLY SLOW?  \_\_\_\_\_  
STOPPED VEHICLE PROPERLY? YES?  NO?     POSITIONED VEHICLE PROPERLY? YES?  NO?  \_\_\_\_\_  
APPEARED TO BE INTOXICATED? YES?  NO?     UNSTEADY EXITTING VEHICLE? YES?  NO?  \_\_\_\_\_  
FUMBLLED EXCESSIVELY GETTING LICENSE? YES?  NO?     ALCOHOL IN VEHICLE? YES?  NO?  \_\_\_\_\_  
ABILITY TO FOLLOW INSTRUCTIONS OR COMPREHEND? GOOD?  FAIR?  POOR?  \_\_\_\_\_  
OTHER? \_\_\_\_\_

ILLNESS or INJURY:     NO     YES (Describe) \_\_\_\_\_

DRUGS or MEDICATION:     NO     YES (Describe) \_\_\_\_\_

UNDER DOCTORS CARE:     NO     YES Dr. \_\_\_\_\_

APPARENT EFFECTS of ALCOHOL or DRUGS:     None     Moderate     Extreme      ABILITY to DRIVE:     Fit     Unfit

### CHEMICAL TEST DATA:

SPECIMEN:    BLOOD  URINE  NONE  UNABLE  REFUSED   
IF REFUSED, WHY? \_\_\_\_\_

ANALYSIS RESULT \_\_\_\_\_    IF BREATH, WHAT INSTRUMENT? \_\_\_\_\_  
DRAWN BY \_\_\_\_\_    WITNESSED BY \_\_\_\_\_

ADDITIONAL NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL/DRUG INFLUENCE  
REPORT FORM**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WALK AND TURN**

**INSTRUCTIONS STAGE**

CANNOT KEEP BALANCE   
STARTS TOO SOON

TOTAL

**WALKING STAGE**

	FIRST NINE STEPS	SECOND NINE STEPS
STOPS WALKING	<input type="checkbox"/>	<input type="checkbox"/>
MISSES HEEL - TOE	<input type="checkbox"/>	<input type="checkbox"/>
STEPS OFF LINE	<input type="checkbox"/>	<input type="checkbox"/>
RAISES ARMS	<input type="checkbox"/>	<input type="checkbox"/>
ACTUAL STEPS TAKEN	<input type="checkbox"/>	<input type="checkbox"/>

IMPROPER TURN  (Describe) \_\_\_\_\_

CANNOT DO TEST  (Explain) \_\_\_\_\_

OTHER: \_\_\_\_\_

**ONE LEG STAND**

	0 TO 10 SECS	11 TO 20 SECS	21 TO 30 SECS
SWAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RAISES ARMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOT DOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANNOT DO TEST  (Explain) \_\_\_\_\_

OTHER: \_\_\_\_\_

TOTAL

**HORIZONTAL GAZE NYSTAGMUS**

Note: Suspect hard contacts?  YES  NO

- EYE DOES NOT PURSUE SMOOTHLY
- DISTINCT NYSTAGMUS AT MAX. DEVIATION
- NYSTAGMUS ONSET BEFORE 45 DEGREES

	LEFT	RIGHT
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

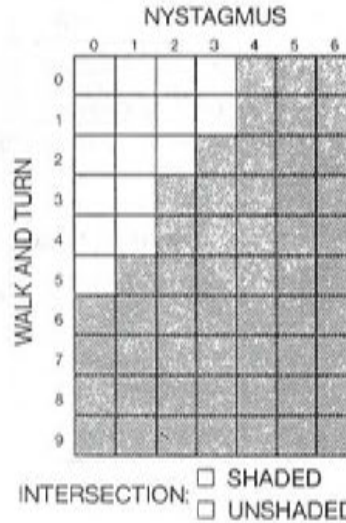
OTHER: \_\_\_\_\_

TOTAL

**ESTIMATED BAC:**

0.10% OR MORE

BELOW 0.10%



**OTHER FIELD SOBRIETY TESTS**

NAME OF TEST \_\_\_\_\_

SUSPECT'S PERFORMANCE \_\_\_\_\_

SUBJECT'S NAME \_\_\_\_\_ ; and SIGNATURE \_\_\_\_\_

TIME TESTS COMPLETED \_\_\_\_\_ AM/PM OFFICER: \_\_\_\_\_ BADGE # \_\_\_\_\_

SUPERVISOR: Name \_\_\_\_\_ ; Signature \_\_\_\_\_



EXTRA PATROL / SECURITY CHECK

LOCATION: \_\_\_\_\_

HOUSE DESCRIPTION: \_\_\_\_\_

OWNER: \_\_\_\_\_ ZONE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE LEAVING: \_\_\_\_\_ DATE RETURNING: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ OTHER NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

REASON FOR EXTRA PATROL: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SECURE

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR VERIFYING OWNER RETURN: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

**\*Sample differs from specs\*  
Quote according to  
*"Item Description"***



## ***ATTENTION !***

City of Alcoa Electric Department  
Right-of-Way Program

In order to minimize electric service interruptions, tree trimming crews will be in your area soon to perform right-of-way clearing and tree trimming work in the utility right-of-way.

Trees are beautiful, but during storms and other severe weather events, they sometimes fall on overhead electric power lines. In fact, falling trees and limbs are the leading cause of power outages. Trees and vegetation in contact with energized lines could pose a safety hazard. Safety, costs, and reliable electric service are why CAED constantly maintains a program of trimming and removal.

We appreciate your understanding and cooperation as these professional crews perform the difficult and dangerous work necessary to ensure your safety and enable CAED to provide reliable electric service to all our customers.

For more information, please contact our Electric Service Representative at 380-4890.

**City of Alcoa Electric Department**

725 Universal Street

Alcoa, TN 37701

ITEM 65

# NOTICE

FROM:

## The City of Alcoa, Tennessee Sewer Department

RESULT OF SMOKE TESTING: City Code Section 8-205, states: "No person shall discharge or cause to be discharged any storm water, surface water, ground water, roof runoff, subsurface drainage, uncontaminated cooling water, or other unpolluted industrial process water to any sanitary sewer"

- Possible trouble in customer's service line
- Found clean-out missing or broken
- Roof drain connection illegally connected
- Surface drain connection
- \_\_\_\_\_

The City of Alcoa requests that corrective measures be taken on your part in the next thirty (30) days, before reinspection takes place.

If you have any questions, please call:

**981-4156**

Date \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

ITEM 66

# NOTICE

## TO: PROPERTY OWNERS REGARDING: SMOKE TESTING

The City of Alcoa Sewer Department will be performing a Smoke Test of the sewer system in your area. This test will be conducted within the next 24 to 48 hours upon receipt of this notice.

White smoke will be visible from your roof vents and area homes as well. ***This smoke is nontoxic***, but if by some means smoke should enter your home please contact the Supervisor on the job site or call 981-4156.

The local Fire Department has been notified as to the location of the test. This is to insure their awareness of our actions and to answer any calls from citizens that may arise.

This test is performed to locate uncapped sanitary connections, storm water connections, foundation drains, roof downspouts, etc., that permit surface water to enter the sanitary sewers. This inflow affects the efficiency of the waste water treatment system and significantly increases operating expenses.



**ITEM 67**

**\*Sample differs from specs\*  
Quote according to  
"Item Description"**



**Public Works & Engineering  
Water & Wastewater Division**

Dear Customer:

Due to necessary improvements to our utility system, your water / sewer service will be interrupted from:

---

To

---

We apologize for any inconvenience this may cause you. Thank you for your patience.

City of Alcoa  
380-4800

\*Sample differs from specs\*  
Quote according to  
"Item Description"



ITEM 68

*City of Alcoa Utilities*  
*Alcoa, Tennessee*

**While You Were Away**

A representative of the *City of Alcoa* was here:

- Our records indicate your current utility bill has not been paid.
- Service will be terminated \_\_\_\_\_ without payment in full. Please contact the Municipal Office to avoid discontinuation of service.
- To inform you that your electric meter indicates you have a high consumption.
- To inform you that your water meter indicates you have a high consumption.
- To inform you that your water meter indicates a creep \_\_\_\_\_.
- Water service cannot be left on because faucet is open.
- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Back of ITEM 68

*City of Alcoa  
Utilities*



**Phone 380-4700**

\*Sample differs from specs\*  
Quote according to  
"Item Description"

ITEM 69

*City of Alcoa*  
*Utilities*



**Phone 380-4700**



Back or ITEM 69

# WATER LEAK

Dear Customer,

Your water consumption has increased this billing period, and you may possibly have a leak.

Please investigate your premises. There may be a leak either inside your house or in the service line leading from the meter to your house. Since any leaks that occur on the house side of the meter are your responsibility, you may wish to call upon the services of your plumber.

## Size of Leak

## Waste Per Month @ 60psi

1/4 in.	●	400,000 gallons
1/8 in.	●	100,000 gallons
1/16 in.	●	25,000 gallons
1/32 in.	●	6,000 gallons

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ITEM 70

*City of Alcoa  
Utilities*

*\*Sample differs from specs\*  
Quote according to  
"Item Description"*



**Phone 380-4700**

Back of ITEM 70



**IF YOUR WATER BILLS SEEM HIGH,  
DON'T BLAME THE WATER METER OR  
YOUR DEPARTMENT OFFICIALS.**

## **STOP THE LEAKS!**

You probably do not realize that a dripping faucet or other unsuspected leaks may be the cause.

### **WATER WASTE AT 40 POUNDS PRESSURE**

- 1/8 in. leak wastes **2500 gallons** in 24 hours
- 1/16 in. leak wastes **600 gallons** in 24 hours
- 1/32 in. leak wastes **170 gallons** in 24 hours

**At \$.50 per thousand gallons, the smallest  
of these leaks will add over \$31.00 to your  
annual water bill.**

*City of Alcoa Utilities*



**Phone 380-4700**

ITEM 70 A





Back of 70A



**City of Alcoa  
Codes Compliance  
Alcoa, Tennessee**

- Plumbing       Sewer
- Gas             Mechanical
- Housing        Grass
- Backflow Connection
- Other
- Has Been Approved
- Has Not Been Approved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Phone \_\_\_\_\_

9595

VOID  CORRECTED

ITEM 71

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
		\$	2010	
		\$		
		2 Royalties	Form 1099-MISC	
		\$	Miscellaneous Income	
		\$		
		3 Other income	4 Federal income tax withheld	Copy A For Internal Revenue Service Center File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
		\$	\$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
		\$	\$	
City, state, and ZIP code		11	12	
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney
		\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
\$	\$	\$		\$

Form 1099-MISC

16-0331690

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

9595

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
		\$	2010	
		\$		
		2 Royalties	Form 1099-MISC	
		\$	Miscellaneous Income	
		\$		
		3 Other income	4 Federal income tax withheld	Copy A For Internal Revenue Service Center File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
		\$	\$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
		\$	\$	
City, state, and ZIP code		11	12	
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney
		\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
\$	\$	\$		\$

Form 1099-MISC

16-0331690

Department of the Treasury - Internal Revenue Service



## Instructions for Payer

General and specific form instructions are provided as separate products. The products you should use to complete Form 1099-MISC are the 2010 General Instructions for Certain Information Returns and the 2010 Instructions for Form 1099-MISC. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, visit the IRS website at [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

**Caution:** *Because paper forms are scanned during processing, you cannot file with the IRS Forms 1096, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.*

**Due dates.** Furnish Copy B of this form to the recipient by January 31, 2011. The due date is extended to February 15, 2011, if you are reporting payments in boxes 8 or 14.

File Copy A of this form with the IRS by February 28, 2011. If you file electronically, the due date is March 31, 2011. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically. IRS does not provide a fill-in form option.

**Need help?** If you have questions about reporting on Form 1099-MISC, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-579-4827 (not toll free). The hours of operation are Monday through Friday 8:30 a.m. to 4:30 p.m., Eastern time.

Back of ITEM 71

## Instructions for Payer

General and specific form instructions are provided as separate products. The products you should use to complete Form 1099-MISC are the 2010 General Instructions for Certain Information Returns and the 2010 Instructions for Form 1099-MISC. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, visit the IRS website at [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

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File Copy A of this form with the IRS by February 28, 2011. If you file electronically, the due date is March 31, 2011. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically. IRS does not provide a fill-in form option.

**Need help?** If you have questions about reporting on Form 1099-MISC, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-579-4827 (not toll free). The hours of operation are Monday through Friday 8:30 a.m. to 4:30 p.m., Eastern time.

**ITEM 72**



**IMPORTANT TAX RETURN DOCUMENT ENCLOSED**



<b>Copy B—To Be Filed With Employee's FEDERAL Tax Return.</b>		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code		
d Control number		
e Employee's name, address, and ZIP code		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**Form W-2 Wage and Tax Statement 2010** Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.

<b>Copy 2—To Be Filed With Employer's State, City, or Local Income Tax Return.</b>		38-2099803 OMB No. 1545-0008	<b>ITEM 73</b>	08 withheld
a Employee's soc. sec. no.	1 Wages, tips	2 Federal income tax withheld		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld		
	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code				
d Control number				
e Employee's name, address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

**Form W-2 Wage and Tax Statement 2010** Dept. of the Treasury -- IRS

<b>Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)</b>		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code		
d Control number		
e Employee's name, address, and ZIP code		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**Form W-2 Wage and Tax Statement 2010** Dept. of the Treasury -- IRS  
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

<b>Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.</b>		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code		
d Control number		
e Employee's name, address, and ZIP code		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**Form W-2 Wage and Tax Statement 2010** Dept. of the Treasury -- IRS  
**BW24UP** NTF 2574387

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:

## Back of ITEM 73



**NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.**

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



**NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.**

### Notice to Employee

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

**Earned income credit (EIC).** You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$15,400 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,565 if married filing jointly), (c) you have two qualifying children and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$43,352 (\$48,362 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,100.

**Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** If you have at least one qualifying child, you may get as much as \$1,630 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer, clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. **Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or

money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**Credit for excess taxes.** If you had more than one employer in 2010 and more than \$5,021.60 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,089.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee*.)

### Instructions for Employee

(Also see *Notice to Employee*.)

**Box 1.** Enter this amount on the wages line of your tax return. **Box 2.** Enter this amount on the federal income tax withholding line of your tax return.

**Box 3.** This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

**Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to

compute any taxable and non-taxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$16,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

### Instructions for Employee (continued)

**Note.** If a year follows code D through H, S, Y, AA, or BB, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for year shown, not the current year. If no year is shown, the contributions are for the current year.

**A—**Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**B—**Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

**C—**Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

**D—**Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of section 401(k) arrangement.

**E—**Elective deferrals under a section 403(b) salary reduction agreement.

**F—**Elective deferrals under a section 408(k)(6) salary reduction SEP.

**G—**Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan.

**H—**Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

**J—**Non-taxable sick pay (information only, not included in boxes 1, 3, or 5).

**K—**20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

**L—**Substantiated employee business expense reimbursements (nontaxable) or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**M—**Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**N—**Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

**P—**Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5).

**Q—**Non-taxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R—**Employer contributions to your Archer MSA, Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S—**Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1).

**T—**Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

(Form 1040) for reporting requirements.

**W—**Employer contributions (including amounts employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y—**Deferrals under a section 408A nonqualified deferred compensation plan.

**Z—**Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in Form 1040 inst.

**AA—**Designated Roth contributions under a section 401(k) plan.

**BB—**Designated Roth contributions under a section 403(b) plan.

**CC** (For employer use only)—HIRE exempt wages and tips. **Box 13.** If the "Retirement plan" box is checked, special limits may apply to amount of traditional IRA contributions that you may deduct.

**Note.** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

**ITEM 74**



**IMPORTANT TAX RETURN DOCUMENT ENCLOSED**

**TO:**





**BLOUNT COUNTY  
SOLID WASTE  
AUTHORITY**

**ITEM 75**

1

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240 LONG POWERS ROAD, FRIENDSVILLE, TENNESSEE 37737 (865) 995-2998 / FAX (865) 995-2959



**ITEM 76**



## PLANNING AND CODES DEPARTMENT

223 Associates Boulevard, Alcoa, Tennessee 37701-1948

Office: (865) 380-4730 Fax: (865) 380-4744

**ITEM 77**



# City of Alcoa Police Department

2020 N. Wright Rd. Alcoa, Tennessee 37701  
(865) 981-4111 Fax (865) 984-8010



**COMMAND STAFF**

**Ken Burge**  
*Chief of Police*

**Captain Phillip Dunn**  
*Administrative Division*

**Captain Dale Boring**  
*Operations Division*



*An Internationally  
Accredited Agency*



**Melissa Dyer**  
Network Administrator

Office: (865) 380-4779  
Fax: (865) 380-4785  
Cell: (865) 244-7439

E-mail: MDyer@cityofalcoa.gov

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223 Associates Blvd., Alcoa, Tennessee 37701-1  
*Excellence in Service - Quality of Life*  
[www.cityofalcoa-tn.gov](http://www.cityofalcoa-tn.gov)

**ITEM 80**





**PATRICIA TIPTON**  
PIO / Special Projects Coord

Office: (865) 380-4787

Fax: (865) 380-4797

E-mail: [ptipton@cityofalcoa](mailto:ptipton@cityofalcoa)

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**223 Associates Blvd., Alcoa, TN 37701-19**

*Excellence in Service - Quality of Life*

[www.cityofalcoa-tn.gov](http://www.cityofalcoa-tn.gov)

**ITEM 81**



## Lisa White CPS / CAP

Alcoa Police Department  
Administrative Secretary

Office: 865-981-4111

Fax: 865-984-8010

Dispatch 865-983-3620

E-Mail: [lwhite@cityofalcoa-tn.gov](mailto:lwhite@cityofalcoa-tn.gov)



**Crime Hotline – 865-380-4715**



2020 N. Wright Road, Alcoa, Tennessee 37701  
Excellence in Service - Quality of Life

[www.cityofalcoa-tn.gov](http://www.cityofalcoa-tn.gov)



**ITEM 82**



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# CITY OF ALCOA, TENNESSEE

**ITEM 84**

TAX YEAR

TAX RATE

PAGE NO.



9008

11060/m

A D S PHOENIX • (423) 572-9221

NAME AND ADDRESS	DESCRIPTION OF PROPERTY	NUMBER OF	.	VALUE	TAX	RECEIPT NUMBER	PENALTY	AMOUNT OF TAXES PAID	DATE PAID DATE REFUNDED
				APPRaised					
				ASSESSed					
				APPRaised					
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				APPRaised					
				ASSESSed					

\* L=LOTS, A=ACRES, M=MOBILE HOME, P=PERSONAL PROPERTY, X=OTHER



SEAL THIS FLAP and Drop Envelope  
Into Receiving slot  
*Thank You!*  
**PULL**  
Straight Out

**ITEM 85**

**PAYMENT ENVELOPE**

*For Your Convenience*

**DO NOT FOLD**

**ENCLOSE BILL STUB ONLY**

- If you do not have exact change the EXCESS will be credited to your next bill

AMOUNT ENCLOSED \$ \_\_\_\_\_

- If you do NOT have your bill; write your:-

Name \_\_\_\_\_

Address \_\_\_\_\_

Account or

Telephone No. \_\_\_\_\_

**CITY OF ALCOA UTILITIES**  
**223 Associates Boulevard, Municipal Building**  
**Alcoa, Tennessee 37701**

2ply Roll  
Paper for  
Receipts @  
Counter

**ITEM 86**

**ALCOA POLICE DEPARTMENT  
UNATTENDED VEHICLE**

This Vehicle

Da

**ITEM 87**

Checked:

Time

a.m.

p.m.

By Officer \_\_\_\_\_

Location \_\_\_\_\_

In an effort to promote safety and protect your property, the Alcoa Police Department stopped to offer assistance or determine that your vehicle was not stolen or abandoned.

The law provides for removal of a vehicle when an officer has reasonable grounds to believe it has been ABANDONED or if it is CREATING A TRAFFIC HAZARD.

Parking upon the paved or main-traveled part of the highway is illegal.

Officers are authorized to remove illegally stopped vehicles at owner's expense. 59-860 T.C.A.

We urge removal of this vehicle as soon as possible to prevent damage to your property by accident or vandalism.

**THIS IS NOT A TRAFFIC VIOLATION**

**CITY OF ALCOA  
CODES ENFORCEMENT DEPARTMENT  
ABANDONED VEHICLE NOTICE**

ITEM 87 A

This vehicle \_\_\_\_\_ (Type)

located at \_\_\_\_\_

is in violation of Title 15, Chapter 10, Section 15-1004 of the Alcoa  
Municipal Code and must be removed within 10 days of this notice or the  
vehicle will be towed at the owners expense.

Call 380-4730 for further information.

by \_\_\_\_\_

date \_\_\_\_\_



ITEM 88

City of Alcoa Police Department  
2020 North Wright Road  
Alcoa, TN 37701  
Tel: 865-981-4111 Fax: 865-984-8010  
[www.cityofalcoa-tn.gov](http://www.cityofalcoa-tn.gov)

# A Pet Owner's Guide



## for Urban Living



City of Alcoa does comply with Title VII Civil Rights Act of 1964:  
\*No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal

Brought to you by the



shall be made to avoid damage to the brain.

Sec. 10-140. Quarantine of animals inflicting, or suspected of inflicting, a bite or suspected of being rabid.

- (a) Any animal that is suspected of or has bitten a human being, or is suspected of being infected with rabies shall be quarantined at a facility designated by the City of Alcoa for no less than ten (10) days from the time the bite or scratch occurred. The owner shall be responsible for all quarantine fees and costs.
- (b) No animal that is suspected of or has bitten a human being or is suspected of being infected by rabies shall be killed or destroyed or removed from the city unless authorized by the City of Alcoa.
- (c) Only animals that appear to be without rabies shall be released from quarantine or impoundment.
- (d) No person shall hide, kill, conceal or aid or assist in hiding, killing, or concealing any animal suspected of being infected with rabies or permit the same to be removed from the city for the purpose of preventing the quarantine.

Sec. 10-141. Quarantine of animals in contact with rabid animal.

All animals capable of being infected with rabies

that have come in contact with a rabid animal shall be quarantined and vaccinated as follows:

- (1) If no vaccination for rabies has been given within the previous twelve (12) months, the animal shall be vaccinated and quarantined for ninety (90) days.
- (2) If the animal has been vaccinated for rabies within the previous twelve (12) months, the animal shall be revaccinated and quarantined for thirty (30) days.

Sec. 10-142. Report required when person is bitten by an animal.

Whenever a person is bitten by an animal capable of being infected with rabies, prompt report of such bite shall be made to the Police Department. Such report shall be made by any physician attending the person bitten, or, if such person is at a hospital, the report shall be made by the person in charge. Such report shall contain all information required by the Division of Animal Control. When a physician was not consulted or the person not taken to a hospital, the report shall be made by the person bitten or any other person with knowledge of the facts.

Sec. 10-143. Veterinarians to report result of examination of animal that has bitten a person.

Whenever a veterinarian is called upon to examine an animal capable of transmitting rabies that has bitten a person, the veterinarian shall promptly report the results of the examination to the Division of Animal Control.



<u>Date</u>	<u>Initials</u>	<u>Task</u>
_____	_____	Request For Service Received
_____	_____	Engineer Assigned
_____	_____	Work Order Assigned and Entered
_____	_____	Construction Manhours Estimate
_____	_____	Engineering Complete
_____	_____	DataBase Information Entered/Updated
_____	_____	Crew Assigned
_____	_____	Temporary Service
_____	_____	Line Work Complete - Service Untapped
_____	_____	Line Work Complete - Service Tapped-up and Meter Glassed Over
_____	_____	Job Completed
_____	_____	DataBase Information Entered/Updated
_____	_____	Cad Maps Updated
_____	_____	Central File

<u>Date</u>	<u>Initials</u>	<u>Task</u>
_____	_____	Request For Service Received
_____	_____	Engineer Assigned
_____	_____	Work Order Assigned and Entered
_____	_____	Construction Manhours Estimate
_____	_____	Engineering Complete
_____	_____	DataBase Information Entered/Updated
_____	_____	Crew Assigned
_____	_____	Temporary Service
_____	_____	Line Work Complete - Service Untapped
_____	_____	Line Work Complete - Service Tapped-up and Meter Glassed Over
_____	_____	Job Completed
_____	_____	DataBase Information Entered/Updated
_____	_____	Cad Maps Updated
_____	_____	Central File



**YOUR REGULAR COLLECTION DAY:**

**TUESDAY**

All garbage will be collected at curbside on the collection day shown above.

1. **Place wheeled cart at curbside by 6:30 a.m. on your regular collection day.**
2. Wheeled cart should be removed from curbside as soon as possible on the day of collection, but no later than 7:00 p.m.
3. This cart is issued to this address and must not be removed from the premises. If a dwelling is to be vacated, the outgoing resident must notify the Public Works Department at 380-4815 or 380-4800.
4. Cart must not be filled to overflowing. Place additional garbage in tightly closed bags alongside cart.
5. The following items must not be placed in the cart: Paints, gasoline, solvents, hot ashes, and ferrous metals not normally found in household garbage.
6. If your cart is stolen, you should notify the City of Alcoa Police Department at 981-4111 or the Public Works Department at 380-4800.

**If you fail to have the wheeled cart at street side or curbside at the time the Sanitation truck arrives, this will indicate to us that no service is needed and the cart will be serviced on the next regular collection day.**

**NOTE:** Holidays occurring on any day other than Monday will require alterations to the collection schedule. Notices of schedule adjustments will be published in the local newspapers.

**Questions or concerns may be directed to the  
Alcoa Public Works Dept. at 380-4815 or 380-4800**

Item 90A

**YOUR REGULAR COLLECTION DAY:**

**WEDNESDAY**

All garbage will be collected at curbside on the collection day shown above.

1. **Place wheeled cart at curbside by 6:30 a.m. on your regular collection day.**
2. Wheeled cart should be removed from curbside as soon as possible on the day of collection, but no later than 7:00 p.m.
3. This cart is issued to this address and must not be removed from the premises. If a dwelling is to be vacated, the outgoing resident must notify the Public Works Department at 380-4815 or 380-4800.
4. Cart must not be filled to overflowing. Place additional garbage in tightly closed bags alongside cart.
5. The following items must not be placed in the cart: Paints, gasoline, solvents, hot ashes, and ferrous metals not normally found in household garbage.
6. If your cart is stolen, you should notify the City of Alcoa Police Department at 981-4111 or the Public Works Department at 380-4800.

**If you fail to have the wheeled cart at street side or curbside at the time the Sanitation truck arrives, this will indicate to us that no service is needed and the cart will be serviced on the next regular collection day.**

**NOTE:** Holidays occurring on any day other than Monday will require alterations to the collection schedule. Notices of schedule adjustments will be published in the local newspapers.

**Questions or concerns may be directed to the  
Alcoa Public Works Dept. at 380-4815 or 380-4800**

Item 90B



**YOUR REGULAR COLLECTION DAY:**

**THURSDAY**

All garbage will be collected at curbside on the collection day shown above.

1. **Place wheeled cart at curbside by 6:30 a.m. on your regular collection day.**
2. Wheeled cart should be removed from curbside as soon as possible on the day of collection, but no later than 7:00 p.m.
3. This cart is issued to this address and must not be removed from the premises. If a dwelling is to be vacated, the outgoing resident must notify the Public Works Department at 380-4815 or 380-4800.
4. Cart must not be filled to overflowing. Place additional garbage in tightly closed bags alongside cart.
5. The following items must not be placed in the cart: Paints, gasoline, solvents, hot ashes, and ferrous metals not normally found in household garbage.
6. If your cart is stolen, you should notify the City of Alcoa Police Department at 981-4111 or the Public Works Department at 380-4800.

**If you fail to have the wheeled cart at street side or curbside at the time the Sanitation truck arrives, this will indicate to us that no service is needed and the cart will be serviced on the next regular collection day.**

**NOTE:** Holidays occurring on any day other than Monday will require alterations to the collection schedule. Notices of schedule adjustments will be published in the local newspapers.

**Questions or concerns may be directed to the  
Alcoa Public Works Dept. at 380-4815 or 380-4800**

Item 90C

**YOUR REGULAR COLLECTION DAY:**

**FRIDAY**

All garbage will be collected at curbside on the collection day shown above.

1. **Place wheeled cart at curbside by 6:30 a.m. on your regular collection day.**
2. Wheeled cart should be removed from curbside as soon as possible on the day of collection, but no later than 7:00 p.m.
3. This cart is issued to this address and must not be removed from the premises. If a dwelling is to be vacated, the outgoing resident must notify the Public Works Department at 380-4815 or 380-4800.
4. Cart must not be filled to overflowing. Place additional garbage in tightly closed bags alongside cart.
5. The following items must not be placed in the cart: Paints, gasoline, solvents, hot ashes, and ferrous metals not normally found in household garbage.
6. If your cart is stolen, you should notify the City of Alcoa Police Department at 981-4111 or the Public Works Department at 380-4800.

**If you fail to have the wheeled cart at street side or curbside at the time the Sanitation truck arrives, this will indicate to us that no service is needed and the cart will be serviced on the next regular collection day.**

**NOTE:** Holidays occurring on any day other than Monday will require alterations to the collection schedule. Notices of schedule adjustments will be published in the local newspapers.

**Questions or concerns may be directed to the  
Alcoa Public Works Dept. at 380-4815 or 380-4800**

Item 90D