

**AUSTIN PEAY STATE UNIVERSITY**  
**REQUEST FORM TO INSPECT/COPY PUBLIC RECORDS**

1. NAME:

(PRINT OR TYPE NAME OR REQUESTER)

2. TENNESSEE DRIVER'S LICENSE NUMBER:  
(OR OTHER ACCEPTABLE IDENTIFICATION  
SHOWING TENNESSEE RESIDENCY)

3. COMPANY OR ORGANIZATION REPRESENTED, IF ANY:

4. DATE AND TIME OF REQUEST:

5. DEPARTMENT OF RECORD:

6. DESCRIPTION OF RECORD TO BE COPIED:

7. COSTS ASSOCIATED WITH MAKING COPIES FOR THE REQUESTER

COST PER COPY    \$1.10    X                    # OF COPIES = \$

COST PER HOUR FOR MAKING COPIES    \$5.15    X                    = \$

COST TO LOCATE AND SEARCH FILES FOR SPECIFIC PUBLIC RECORDS:

                  \$10.00    X                    = \$

COST TO LOCATE AND RUN AN ESTABLISHED COMPUTER/FOCUS PROGRAM TO PROVIDE PUBLIC RECORDS

                  \$20.00    X                    = \$

COST TO DEVELOP A COMPUTER/FOCUS PROGRAM TO PROVIDE PUBLIC RECORDS

                  \$30.00    X                    = \$

MINIMUM COST PER REQUEST IS    \$5.00                    TOTAL COST    \$

8. DATE AND TIME COPIES MADE AND DELIVERED TO REQUESTER:

**Persons requesting to inspect records must be a resident of the state of Tennessee.**

\_\_\_\_\_  
SIGNATURE OF REQUESTER

\_\_\_\_\_  
SIGNATURE OF PROVIDER