



STATE OF NEVADA

# Public Records Request

Deliver, Mail, or Fax to:

555 Wright Way, Carson City, NV 89711

Fax: (775) 684-4809

Attention: Public Records Officer

|                                      |  |
|--------------------------------------|--|
| <b>Date of Request</b>               |  |
| <b>Requester Contact Information</b> |  |
| Name:                                |  |
| Organization:                        |  |
| Address:                             |  |
| City, State, Zip:                    |  |
| Phone:                               |  |
| E-mail:                              |  |

|   |
|---|
| <b>Records Requested:</b>   |
| Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person) |
| <i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>  |
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|   |  |   |  |
|---|--|---|--|
| <i>To complete an estimate, the agency will need the following information:</i> |  |   |  |
| <input type="checkbox"/> I will pick up   | <input type="checkbox"/> Please FedEx<br><i>Fed Ex billing number:</i> | <input type="checkbox"/> Please send USPS | <input type="checkbox"/> E-mail (if format allows) |

|   |                 |
|---|-----------------|
| <b>Statement</b>  |                 |
| <input type="checkbox"/> I understand there may be a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days. |                 |
| <b>Requester Signature</b>  | _____ Signature |

| Office Use Only |                                |       |   |
|-----------------|--------------------------------|-------|---|
| Date            |                                | Date  |   |
| _____           | Request received               | _____ | Attorney General's Office notified                                      |
| _____           | Receipt acknowledgement issued | _____ | Director's Office notified  |
| _____           | Request filled                 |       |   |
| _____           | Estimated completion           |       |   |
| _____           | Estimate provided              |       |   |
| _____           | Request denied in whole        |       |   |
| _____           | Other:                         |       |   |
|                 |                                |       | <i>Retain request form for 90 days following completing of request.</i> |
|                 |                                |       | RDA 2009047   |