



STATE OF NEVADA

# Public Records Request

Deliver, Mail, or Fax to:

107 Jacobsen Way, Carson City, NV 89711

Fax: (775) 684-7482

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>

<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 <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	Request received	Date	Attorney General's Office notified
_____	Receipt acknowledgement issued	_____	Director's Office notified
_____	Request filled		
_____	Estimated completion		
_____	Estimate provided		
_____	Request denied in whole		
_____	Other:		

*Retain request form for 90 days following completing of request.  
RDA 2009047*