



STATE OF NEVADA

Public Records Request

Deliver, Mail, or Fax to:

[Agency Address]

Attention: Public Records Officer, [Name]

Date of Request	
Requestor Contact Information	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

Records Requested:

Check one: ☐ Paper copies ☒ Electronic copies ☐ Certified copies ☐ Inspection (in person)

Please be specific and include as much detail as possible regarding the records you are requesting.

To complete an estimate, the agency will need the following information:

<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 checked="" type="checkbox"/> E-mail (if format allows)
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Statement

☒ I understand there is 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.

Requester Signature	
	Signature

Office Use Only	
Request status:	Estimate:
Date	
Request received	Estimate: \$
Receipt acknowledgement issued	Date deposit received
Request filled	Actual (if different): \$
Estimated completion	Date final payment received
Estimate provided	Completed by
Request denied in whole	
Other:	
Retain request form for three (3) calendar years from the end of the calendar year in which the response was completed according to RDA 2015013	