

STATE OF NEVADA Department of Administration Public Records Request Deliver, Mail, or Email to:

515 E. Musser St. Suite 100 Carson City, NV 89701

Email: deptadmin@admin.nv.gov

Attention: Director's Office Information Officer

Date of Request					
Requestor Contact Information					
Name:					
Organization:					
Address:					
City, State, Zi	p:				
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: I will pick up Please FedEx Please send USPS E-mail (if format allows)					
☐ I will pick up		Fed Ex billing number:	☐ Please send USPS	E-mail (if format allows)	
		Tea Exoning number.			
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					
Re		quest received	Estimate:	\$	
Re		ceipt acknowledgement issued	Date deposit received	Ψ	
		quest filled	Actual (if different):	\$	
		imated completion	Date final payment received		
		imate provided	Completed by		
		quest denied in whole	Completed by		
	Re	quest demed in whole	Retain request form for three (3) cale	indar years from the and of the	
Oi		ner:	calendar year in which the response v		