

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	ip:			
Phone:				
E-mail:				
	l			
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)				
		Fed Ex billing 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.				
inspection of reproduction. Materials will be held for 50 days.				
Requester				
Signature Signature			Signature	
8				
Office Use Only Request status: Estimate:				
Request status:			Estin	nate:
Date				
		quest received	Estimate:	\$
		ceipt acknowledgement issued	Date deposit received	
		quest filled	Actual (if different):	\$
	Est	imated completion	Date final payment received	
E		imate provided	Completed by	
		quest denied in whole		
			Retain request form for three (3) calendar years from the end of the	
		ner:	calendar year in which the response	was completed according to RDA