



STATE OF NEVADA

Department of Administration

Public Records Request

Deliver, Mail, or Email to:

209 E. Musser St. Suite 304 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, 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 Fed Ex billing number:	<input type="checkbox"/> Please send USPS	<input 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:	<i>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</i>