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**STATE OF NEVADA, GOVERNOR’S OFFICE**

**Public Records Request**

**Deliver, Mail, or Email to:**

**State Capitol Building, 101 N. Carson Street, Carson City, NV 899701**

**Fax: (775) 684-5670**

**Email:** [**GovPublicRecords@gov.nv.gov**](mailto:GovPublicRecords@gov.nv.gov)

# 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:*

|  |  |  |  |
| --- | --- | --- | --- |
| I will pick up | Please FedEx  *Fed Ex billing number:* | Please send USPS | E-mail (if format allows) |

# 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

Date

Request received

Receipt acknowledgement issues

Request filled

Estimated completion

Estimate provided

Request denied in whole

Other

Estimate: $

Date deposit received:

Actual (if different): $

Date final payment received:

Completed by:

*Retain request form for three (3) calendar years from the end of the calendar year in which the response was completed according to RDS 2015013.*