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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**

# 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.*