

## **Public Records Request**

## State of Nevada, Division of Human Resource Management

Attention: Bachera Washington, Division Administrator 515 E. Musser Street, Suite 100

Carson City, NV 89701

or

FAX to: (775) 684-0122

Date of Request:				
Name:				
Organization:				
Address:				
City, State, Zip:				
Phone:				
E-mail:				
	<u> </u>			
Check one: Pap	er copies	Electronic copies	fied copies Inspection (in person	n)
Please be specific and include as much detail as possible regarding the records you are requesting.				
		1	7 1 0	
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:		
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 reprod	uction. Mate	erials will be held for 30 days.		
Requestor				
Signature Signature				
00° II 0 I				
Office Use Only			Estin	nata
			Estimate	
		ceipt acknowledgement issued	Date deposit received:	
	Rec	quest filled	Actual (if different):	\$
	Est	timated completion	Date final payment received:	
	Est	timate provided	Completed by:	
		_	1 3	
	Red	quest denied in whole		
		quest denied in whole	Retain request form for 90 days follow	ving completion of request
		quest denied in whole	Retain request form for 90 days follow RDA 2009047	ving completion of request.