



Public Records Request

State of Nevada, Division of Human Resource Management

Attention: Peter Long, Division Administrator

209 E. Musser Street, Suite 101

Carson City, NV 89701

or

FAX to: (775) 684-0122

Date of Request:	
Requestor Contact Information	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

Records Requested
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person)
<i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>

<i>To complete an estimate, the agency will need the following information:</i>			
<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please FedEx <i>Fed Ex billing number:</i>	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail (if format allows)

Statement
<input type="checkbox"/> 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.
Requestor Signature
_____ Signature

Office Use Only	
Request Status	Estimate
_____ 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 90 days following completion of request. RDA 2009047</i>