



Public Record Request Pursuant to NRS 239

Copies are \$.50 per page. All copies of media files are \$5.00 and the Requestor provides the storage device. If no storage device is provided, charge is \$10.00 and Clerk will provide DVD.

Section A - Requester Information

Your Name ^{NEVADA} Mr. Mrs. Ms. Other

Phone* Fax Email

Business Name

Mailing Address*

City* State* Zip Code*

Section B - Record(s) Requested

Describe the record(s) you are requesting. Please be as specific as possible and include enough detail to assist staff in locating the record(s). Include relevant dates or date range. For multiple records, you may attach additional pages.

Section C - Receiving Record(s)

Please specify the preferred method of receiving the requested record(s).

- By postal mail at the mailing address above In person
- By email at the email address above. Special Delivery - please specify; additional charges will apply
- Please note: even if you choose to receive the records via email there will be a per page cost if the document is not available electronically.

By signing below I certify that the information above is true and correct to the best of my knowledge. I understand that copying and other associated fees may apply and that records will not be released until payment is received.

X _____ Date _____

Requester Signature - Required

STAFF USE ONLY

Transferred to _____

Reviewed by DA Yes No Amount charged\$ _____

Authorization to proceed (if yes, date) _____

Request withdrawn (if yes, date) _____

Method of Delivery

Email _____ Email address Date Information Provided and Request completed _____

Fax _____ Fax number

Hand Delivered to: _____ Information not provided-

Person, agency box, placed on desk, ect

by _____ Date _____ Other- _____

Signature of staff Detail