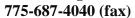


STATE OF NEVADA

Public Records Request

Deliver, Mail, or Fax to:

1830 College Parkway Ste 200 Carson City, NV 89706







Date of Request			
Requestor Contact Information			
Name:			
Organization:			
Address:			
City, State, Zip:			
Phone:			
E-mail:			
Records Reques	ted:		
		ied copies Inspection (in person	n)
Please be specific	and include as much detail as possible regara	ling the records you are requesting.	
	•		
Г			
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:		
Gt t			
Statement			
	ere is a charge for copies of public records. I		
	bove if the estimated cost is expected to be over	ver \$25.00, which I will be required	to pay in full prior to inspection or
reproduction. Mate	erials will be held for 30 days.		
D			
Requester		G:	
Signature	Signature		
	Offic	ce Use Only	
Request status:		Estimate:	
Date			
Date	Request received		¢
	- 	Estimate:	\$
	Receipt acknowledgement issued	Date deposit received	<u></u>
	Request filled	Actual (if different):	\$
	Estimated completion	Date final payment received	
	Estimate provided	Completed by	
	Request denied in whole		
	Other:	Retain request form for 90 days follow	ving completing of request.