



# Public Records Request

Department of Business and Industry, Nevada Consumer Affairs Unit

Las Vegas Office: 3300 W. Sahara Ave., Suite 425 Las Vegas, NV 89102

Carson City Office: 1830 E. College Parkway, Suite 100 Carson City, NV 89706

Email: [consumerhelp@business.nv.gov](mailto:consumerhelp@business.nv.gov); 844-594-7275

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

<b>Records Requested:</b>
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>How do you wish to receive the public record:</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)

<b>Statement</b>	
<input type="checkbox"/> I understand there is a charge for copies of public records which must be paid in full prior to receiving the copies or files. Additionally, if the estimated actual cost of providing a copy of public records is expected to be over \$25, I will be required to pay a deposit equal to the estimated cost prior to the agency fulfilling my request. Copies will be held for 30 days.	
<b>Requester Signature</b>	_____ Signature

### Office Use Only

Request status:		Estimate:	
Date	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		
_____	<i>Other:</i>		