



STATE OF NEVADA
OFFICE OF THE STATE TREASURER

Public Records Request

This form should be mailed or emailed

to: *Attention: Public Records Officer*

1 State of Nevada Way, Suite 410

Las Vegas, NV 89119

StateTreasurer@nevadatreasurer.gov

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

Records Requested:				
Check one:	Paper copies <input type="checkbox"/>	Electronic copies <input type="checkbox"/>	Certified copies <input type="checkbox"/>	Inspection (in person) <input type="checkbox"/>
<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>			
I will pick up	Please FedEx FedEx billing number:	Please send USPS	E-mail (if format allows)

Statement

I understand there may be a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.

**Requester
Signature**_____
Signature**Office Use Only****Request status:****Estimate:**

Date

Request received

Receipt acknowledgement issued

Request filled

Estimated completion

Estimate provided

Request denied in whole

Estimate: \$ _____
Date deposit received _____
Actual (if different): \$ _____
Date final payment received _____
Completed by _____

Other:

*Retain request form for three (3) calendar years from the end of the
calendar year in which the response was completed according to RDA
2015013*