



STATE OF NEVADA
OFFICE OF THE STATE TREASURER

Public Records Request

This form should be mailed or emailed to:

Attention: Public Records Officer
555 E. Washington Ave., Suite 5200
Las Vegas, NV 89101
ask@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