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

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| **Records Requested:**  |
| Check one: [ ]  Paper copies [ ]  Electronic copies [ ]  Certified copies [ ]  Inspection (in person)  |
| *Please be specific and include as much detail as possible regarding the records you are requesting.*      |

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| *To complete an estimate, the agency will need the following information:*  |
| [ ]  I will pick up | [ ]  Please FedEx*Fed Ex billing number:*      | [ ]  Please send USPS | [ ]  E-mail (if format allows) |

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| **Statement** |
| [ ]  I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over $25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.  |
| **Requester****Signature** |  Signature  |

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**STATE OF NEVADA**

**Public Records Request**

Deliver, Mail, or Fax to:

Governor’s Office of Science, Innovation & Technology

100 North Stewart Street, Ste 220, Carson City, NV 89701

Attention: Public Records Officer, Debra Petrelli

**Office Use Only**

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| **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 |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: | *Retain request form for 90 days following completing of request.* *RDA 2009047* |