

STATE OF NEVADA Public Records Request

Deliver, Mail, or Fax to: Lieutenant Governor's Office 1 State of Nevada Way, Las Vegas, NV 89119

D-4 CD4				
Date of Requ		ation		
Requestor Contact Information Name:				
Organization:				
Address:				
City, State, Zip				
Phone:	•			
E-mail:				
E-man.				
Records Requested:				
Check one: Paper copies Electronic copies				
Please be specific and include as much detail as possible regarding the records you are requesting.				
Trease se specific and members as milen as possione regarding me records you are requesting.				
I				
To complete an estimate, the agency will need the following information:				
I will pic		Please FedEx	Please send USPS	E-mail (if format allows)
		Fed Ex billing number:	i i i i i i i i i i i i i i i i i i i	Provide Drop Box
		-		Trovince Drop Box
Statement				
I understand there is a charge for paper and electronic copies of public records. The first \$25.00 of request is waived which covers 50				
pages or emails. A fee of \$0.50 per copy/email is implemented for additional pages. All fees must be paid in advance of records being reviewed or released. Accepted forms of payment: Check or money order payable to "State of Nevada" or an e-payment can be processed				
via the State Treasurers Office.				
Requester				
Signature	Signature			
Office Use Only				
Request status:				nate:
Date				
_	Re	equest received	Estimate:	¢
		ceipt acknowledgement issued	Date deposit received	
		equest filled	•	\$
		timated completion	Actual (if different):	\$
		•	Date final payment received	
		timate provided	Completed by	
	Re	equest denied in whole		
Ot		her:	Retain request form for three (3) cale calendar year in which the response 2015013	