



STATE OF NEVADA
Public Records Request
 5500 Snyder Avenue
 Carson City, Nevada 89701

Department of Corrections (NDOC)
 email: publicrecords@doc.nv.gov

Attention: Public Information Officer

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

| |
|---|
| Records Requested: |
| 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> |
| |
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| | | | |
|---|--|---|--|
| <i>To complete an estimate, the agency will need the following information:</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) |

| | |
|---|-----------------|
| Statement | |
| <input type="checkbox"/> 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 |

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> | | |

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