

Public Records Request

Deliver, Mail, or Fax to: NDEMPublicRecordsRequest@dem.nv.gov 2478 Fairview Dr. Carson City, NV 89701 Fax: (775) 687-0322 • Phone: (775) 687-0300

Attention: Public Records Officer

D-4CD	4							
Date of Req	uest							
XX	ı							
Name:								
Organization:								
Address:								
City, State, Zi	ip:							
Phone:								
E-mail:								
Check one:	Pape	er copies	Electronic copies	Certified	copies	Inspection	(in person)	
Please be spe	cific an	d include as	much detail as possib	le regarding	the reco	rds you are re	equesting.	
To complete a	ın estim	ate, the ager	ncy will need the follow	wing informa	ation:			
	I will pick up Please FedEx Please send USPS E-mail (if format allows)							
			Fed Ex billing number	er:				-
C4-44								
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 if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to inspection or								
			imated cost is expected all for 30 days.	a to be over	\$25.00, V	vnich i will b	e required to	o pay in full prior to inspection of
reproduction.	Materia	als will be lie	on for 50 days.					
Requester								
Signature		Signature						
Signature		agnatute						
Office Use Only								
Da	te				Date			
		Request received			Attorney General's Office notified			
		Receipt acknowledgement issued			Director's Office notified			
		Request filled						
		Estimated completion						
		Estimate provided						
-		Request denied in whole						
		Other			Retain request form for 90 days following completing of request.			