****

**STATE OF NEVADA, GOVERNOR’S FINANCE OFFICE**

**Public Records Request**

**Deliver, Mail, or Fax to:**

**209 East Musser Street, Room 200**

**Fax: (775) 684-0260**

**Email: Budget@finance.nv.gov**

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

|  |
| --- |
| **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.*      |

|  |
| --- |
| *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) |

|  |
| --- |
| **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  |

**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 |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *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* |