

OFFICE OF THE ATTORNEY GENERAL PUBLIC RECORDS REQUEST FORM

Please note that this form is intended for a request for records held by the <u>Office of the Nevada</u> <u>Attorney General</u>. Requests for records of Nevada state agencies must be submitted directly to the records officer for that state agency.

Date of Requ	est		
Requestor C	ontact Information		
Name:			
Organization:			
Address:			
City, State, Zip	:		
Phone:			
E-mail:			
Records Requ	uested:		
	y the Office of the Nevada Attorney General:	Yes No	
Check one:		tified copies	1)
Please be speci	fic and include as much detail as possible rego	arding the records you are requesting.	
	estimate, the agency will need the following in	nformation:	
☐ I will pick u	Please FedEx Fed Ex billing number:	☐ Please send USPS	E-mail (if format allows)
Statement			
I understand records indicate	d there is a charge for copies of public records ed above if the estimated cost is expected to be . Materials will be held for 30 days.		
Requester			
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 90 days follow RDA 2009047	ving completing of request.