

OFFICE OF THE ATTORNEY GENERAL PUBLIC RECORDS REQUEST FORM

Please note: this form is intended to request records controlled by the Office of the Nevada Attorney General. Requests for records of other Nevada State agencies must be submitted directly to that State agency.

| Date of Request | | | |
|---|---|---|------------------------------------|
| Requestor Conta | act Information | | |
| Name: | | | |
| Organization: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone: | | | |
| E-mail: | | | |
| | <u> </u> | | |
| Records Requeste | ed• | | |
| | Office of the Nevada Attorney General: | ☐ Yes ☐ No | |
| Check one: Paper copies Electronic copies Certified copies Inspection (in person) | | | |
| | nd include as much detail as possible reg | | , |
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| To complete an estin | nate, the agency will need the following i | information: | |
| ☐ I will pick up | Please FedEx | Please send USPS | E-mail (if format allows) |
| | \overline{Fed} Ex billing number: | | |
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| | | | |
| Statement | | | |
| | re is a charge for copies of public records | | |
| | ove if the estimated cost is expected to be | e over \$25.00, which I will be required | to pay in full prior to inspection |
| or reproduction. Ma | terials will be held for 30 days. | | |
| | | | |
| Requester | | | |
| Signature | Signature Signature | | |
| | | | |
| | | Office Use Only | |
| Request status: | | Estimate: | |
| Date | | · | |
| | Request received | Estimate: | \$ |
| | Receipt acknowledgement issued | Date deposit received | Ψ |
| | Request filled | | \$ |
| | | Trettuur (Tr uttretente) | |
| | Estimated completion | Date final payment received | |
| | Estimate provided | Completed by | |
| | Request denied in whole | | |
| | Other: | Retain request form for 90 days follow RDA 2009047 | ing completing of request. |

Office of the Attorney General