



State of Nevada
 Commission on Ethics
 704 W. Nye Lane, Suite 204
 Carson City, NV 89703
 Tel. 775-687-5469, Fax: 775-687-1279

Public Record Request

Date of Request	
Requester 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"/> Inspection (in person)
<i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>	

<i>To complete an estimate, the agency will need the following information:</i>			
I will pick up	Please FedEx <i>Fed Ex billing number:</i>	Please send USPS	E-mail (if format allows)

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 reproduction. Materials will be held for 30 days.	
Requester Signature	Signature

Office Use Only																																							
Request status:	Estimate:																																						
<table style="width: 100%;"> <tr><td style="width: 15%;">Date</td><td style="width: 85%;">Request received</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>Request acknowledged issued</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>Request filled</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>Estimated completion</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>Estimate provided</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>Request denied</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>Other:</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Date	Request received	_____	_____	_____	Request acknowledged issued	_____	_____	_____	Request filled	_____	_____	_____	Estimated completion	_____	_____	_____	Estimate provided	_____	_____	_____	Request denied	_____	_____	_____	Other:	_____	_____	<table style="width: 100%;"> <tr><td style="width: 50%;">Estimate:</td><td style="width: 50%;">\$ _____</td></tr> <tr><td>Date deposit received</td><td>_____</td></tr> <tr><td>Actual (if different):</td><td>\$ _____</td></tr> <tr><td>Date final payment received</td><td>_____</td></tr> <tr><td>Completed by</td><td>_____</td></tr> </table>	Estimate:	\$ _____	Date deposit received	_____	Actual (if different):	\$ _____	Date final payment received	_____	Completed by	_____
Date	Request received																																						
_____	_____																																						
_____	Request acknowledged issued																																						
_____	_____																																						
_____	Request filled																																						
_____	_____																																						
_____	Estimated completion																																						
_____	_____																																						
_____	Estimate provided																																						
_____	_____																																						
_____	Request denied																																						
_____	_____																																						
_____	Other:																																						
_____	_____																																						
Estimate:	\$ _____																																						
Date deposit received	_____																																						
Actual (if different):	\$ _____																																						
Date final payment received	_____																																						
Completed by	_____																																						
<i>Retain request form for 90 days following completing of request. RDA 2009047</i>																																							