



State of Nevada Commission on Ethics Public Records Request

Email, Deliver, Mail or Fax to:

704 W. Nye Lane, Suite 204

Carson City, NV 89703

Tel. 775-687-5469, Fax: 775-687-1279

www.ethics.nv.gov || ncoe@ethics.nv.gov

Section A – Requester Information

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

Section B – Record(s) Requested

Records Requested:
Check one: <input type="checkbox"/> Electronic copies <input type="checkbox"/> Paper Copies <input type="checkbox"/> Inspection (in person)
<i>Describe the record(s) you are requesting. Please be as specific as possible and include enough detail to assist the Nevada Commission on Ethics staff in locating the records(s). Include relevant dates or date ranges. You may attach additional pages, if necessary.</i>

Section C – Receiving Records

<i>Please specify the preferred method of receiving the requested record(s):</i>			
<input type="checkbox"/> E-mail or drop box (no charge)	<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> Please FedEx <i>Fed Ex billing number:</i>

Statement	
<input type="checkbox"/> By signing below, I certify that the information above is true and correct to the best of my knowledge. I understand that copying and other associated fees may apply and that records will not be released until the estimated fee deposit is received.	
Requester Signature	_____
	Requester Signature

	Date

Retain Request form for 90 days following completion of request.

RDA 2009047

Updated 8/16/17