



STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001

Carson City, Nevada 89701

Telephone (775) 684-7000 (800) 326-5496

Fax (775) 684-7028

www.pebp.state.nv.us



BRIAN SANDOVAL
Governor

DAMON HAYCOCK
Executive Officer

PATRICK GATES
Board Chairman

PUBLIC RECORDS REQUEST FORM

Requestor's Name: _____

Date of Request: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

E-Mail Address: _____

I hereby request the following Public Employees' Benefits Program public records be:

- Made available for review and inspection
- Paper Copy
- Certified Paper Copy
- Electronic E-mail
- Fax

Records Requested:

I understand there is a charge for copies of public records. Further, I understand that if the estimated cost of copies I have requested is \$25.00 or more, I will be required to pay in full prior to reproduction. Materials will be held for 14 days. If not retrieved, I will be charged in full for a second reproduction in addition to any unpaid original charges. Advance payment will be forfeited if material is not retrieved.

Signature: _____

(Submission via e-mail constitutes acceptance of the terms above)

This form is a public record and will be retained for a period of one year from creation