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STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
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CORE
Expires 04/01/2021

DAMON HAYCOCK
Executive Officer

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