

**STATE OF NEVADA  
PUBLIC EMPLOYEES' BENEFITS PROGRAM**

**Public Records Request**

**Deliver, Mail, or Fax to:**

**901 S. Stewart Street, Suite 1001**

**Carson City, NV 89701**

**Fax: 775-684-7028**



<b>Date of Request</b>	
<b>Requestor Contact Information</b>	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

<b>Records Requested:</b>
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified 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>			
<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please FedEx <i>Fed Ex billing number:</i>	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail (if format allows)

<b>Statement</b>	
<input type="checkbox"/> I understand there is 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.	
<b>Requester Signature</b>	_____ Signature

**Office Use Only**

Request status:		Estimate:	
Date	Request received	Estimate:	\$ _____
_____	Receipt acknowledgement issued	Date deposit received	_____
_____	Request filled	Actual (if different):	\$ _____
_____	Estimated completion	Date final payment received	_____
_____	Estimate provided	Completed by	_____
_____	Request denied in whole		
_____	<i>Other:</i>		

*Retain request form for three (3) calendar years from the end of the calendar year in which the response was completed according to RDA 2015013*