

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

**Public Records Request
Deliver, Mail, or Fax to:
3427 Goni Road, Suite 109
Carson City, NV 89706
Fax: 775-684-7028**



Date of Request	
Requestor 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"/> 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)

Statement	
<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.	
Requester Signature	_____ 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	
_____ 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</i>