



**DEPARTMENT OF SENTENCING POLICY
PUBLIC RECORDS REQUEST FORM**

Please note that this form is intended for a request for records held by the Department of Sentencing Policy. Requests for records of Nevada state agencies must be submitted directly to the records officer for that state agency.

Date of Request: _____

Requestor Contact Information

Name:	_____
Organization:	_____
Address:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____

Records Requested

Records Held by the Office of the Nevada Department of Sentencing Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person)
Describe the record(s) you are requesting. Please be as specific as possible. Include relevant dates or date ranges. You may attach additional pages, if necessary.

To complete an estimate, the agency will need the following information:

<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)
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Statement:

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: _____

Office Use Only

Request Status	Estimate
Date	
Request Received	Estimate: _____
Receipt Acknowledgement issued	Date Deposit Received: _____
Request Filled	Actual (if different): _____
Estimate Completed	Date final payment received: _____
Request Denied in Whole	Completed By: _____
Other:	Retain request form for 90 days following completing of request RDA 2009047