

Public Records Request

Department of Business and Industry, Director's Office

Las Vegas Office: 2300 W. Sahara Ave., Suite 770 Las Vegas, NV 89102

Carson City Office: 1830 College Parkway, Suite 100 Carson City, NV 89706

Email: biinfo@business.nv.gov

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

Records Requested:

Check one: ☒ Paper copies ☐ Electronic copies ☐ Certified copies ☐ Inspection (in person)

Please be specific and include as much detail as possible regarding the records you are requesting.

To complete an estimate, the agency will need the following information:			
<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please FedEx Fed Ex billing number:	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail (if format allows)

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.

Requestor 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:		