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**STATE OF NEVADA**

**Public Records Request**

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

**Nevada Department of Taxation  
1550 College Parkway  
Carson City, NV 89706**

Email to: [eclarson@tax.state.nv.us](mailto:eclarson@tax.state.nv.us)

|  |  |
| --- | --- |
| **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:* | | | |
| I will pick up | Please FedEx  *Fed Ex billing number:* | Please send USPS | 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. | |
| **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: | *Retain request form for 90 days following completing of request.*  *RDA 2009047* | |