

SHANNON CHAMBERS
LABOR COMMISSIONER

STATE OF NEVADA
OFFICE OF THE LABOR COMMISSIONER
www.labor.nv.gov.com



Deliver mail or fax to:

OFFICE OF THE LABOR COMMISSIONER
1818 COLLEGE PARKWAY, SUITE 102
CARSON CITY, NV 89706
PHONE: (775) 684-1890
FAX (775) 687-6409

PUBLIC RECORDS REQUEST

Date of Request: _____

Requestor's Information

Name: _____
 Organization (if applicable): _____
 Mailing Address: _____
 City, State, zip code: _____
 Telephone number: (____) _____ Msg. telephone number: (____) _____
 Email address: _____
 Contact preference: telephone email

Type of Records Requested

Check One: paper copies electronic copies certified copies
 in person inspection

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

The agency will need the following information to complete an estimate of the reproduction and shipping costs.

<input type="checkbox"/> Will pick up at agency	<input type="checkbox"/> Ship FedEx <i>Fed Ex billing number:</i>	<input type="checkbox"/> Send USPS	<input type="checkbox"/> Email (if format allows)
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Requestor's Acceptance of Cost Estimate and Terms

I understand there is a charge for copies of public records and I will receive a written estimate for production of the records, indicated above, if the estimated cost is over \$25.00. I understand I will be required to pay the estimated cost prior to reproduction of any documents. Documents will be held for 30 days and destroyed after that. I understand there are no refunds.

Requestor's Signature: _____

For Official Use Only

Request Status:		Cost Estimate & Payment	
<u>Date</u>	Request Received	Estimate:	_____
_____	Request Acknowledgement Sent	Date Deposit Received:	_____
_____	Estimate Completed	Actual (if different):	_____
_____	Estimate Provided to Requestor	Date Final Payment Received:	_____
_____	Request Filled	Completed by:	_____
_____	Request Denied		
_____	Other (specify):		