STATE OF NEVADA

JOE LOMBARDO
GOVERNOR

DR. KRISTOPHER SANCHEZ
DIRECTOR

BRETT K. HARRIS, ESQ.
LABOR COMMISSIONER

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Department of Business & Industry
OFFICE OF THE LABOR COMMISSIONER

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.

☐ Will pick up at agency	☐ Ship FedEx *Fed Ex billing number:*	☐ Send USPS	☐ Email (if format allows)

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	
Date			
_____	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):		