

**PUBLIC RECORDS REQUEST**

**808 West Nye Lane, Carson City, NV 89703**  
**Fax: 775.687.9924**  
**Email: GOEDrecords@diversifynevada.com**

**Attention: Public Records Official**

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

<b>Records Requested:</b>
<i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>

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

<b>Statement</b>	
<input type="checkbox"/> I understand that there may be a charge for copies of public records, as well as possible charges for requests that require extraordinary use of personnel or resources. I understand I will receive a written estimate for fulfilling this request if the estimated cost is expected to exceed \$25.00, and that I will be required to provide payment in full prior to processing, reproduction or inspection of the records. Any materials generated will be held for 30 days, unless a prior arrangement is made with GOED.	
<b>Requester Signature</b>	