



Public Records Request

Please complete this form and return it to the Las Vegas-Clark County Library District,
Marketing and Community Relations, 833 Las Vegas Blvd. N., Las Vegas, NV 89101.
Fax: (702) 507-6024 Phone: (702) 507-3613.

Requestor: _____

Address: _____

How may we contact you? _____

I wish to: Inspect Obtain copies Obtain certified copies
of the following records (attach additional sheet if necessary):

I understand there is a charge for copies of public records and agree to pay the Las Vegas-Clark County Library District 25 cents per standard page. Further, I understand that if the estimated cost of the copies I have requested is \$25 or more, I will be required to pay in full prior to the reproduction. Materials will be held for 14 days. If not retrieved, I will be charged in full for a second reproduction in addition to any unpaid charges. Advance payment will be forfeited if material is not retrieved.

Signature _____

For completion by staff:

Request received: Date/Time _____

Request approved/denied: Date/Time _____

Fees: (No charge for inspection)

Number of copies _____ X 25 cents per standard page = \$ _____

+ Certification Fee _____ @ \$2 per page = \$ _____

Additional costs and explanation: _____

Total cost: _____ Payment received: _____

Notified information ready for pick-up: Date/Time _____

Information released: Date/Time _____

Fax Mail Pick-up (initials of requestor _____; Date/Time _____)

Signature of LVCCLD official _____