Public Records Request

Please complete this form and return it to the Las Vegas-Clark County Library District, Public Relations, 7060 W. Windmill Ln., Las Vegas, NV 89113. Service Center Reception is open to the public from 10 a.m.–5 p.m., Monday–Friday. Fax: (702) 507-6284 Phone: (702) 507-6285

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. I further understand that time required to produce or provide these records that exceeds 30 minutes is defined as “extraordinary use of personnel/technological resources” under NRS 239 et seq. Charges for staff time will be levied at the rate of the staff person qualified to provide or prepare the requested information.

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 LVCCCLD official ____________________________________________