



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) 507-6287 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 LVCCLD official _____