



**DEPARTMENT OF INDIGENT DEFENSE SERVICES
PUBLIC RECORDS REQUEST FORM**

Please note that this form is intended for a request for records held by the Office of the Nevada Indigent Defense Services. Requests for records of Nevada state agencies must be submitted directly to the records officer for that state agency.

Date of Request	
Requestor Contact Information	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Records Requested:
Records Help by the Office of the Nevada Indigent Defense Services: <input type="checkbox"/> Yes <input type="checkbox"/> No
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person)
<i>Please Be specific and include as much detail as possible regarding the records you are requesting.</i>

To complete an estimate, the agency will need the following information:			
<input type="checkbox"/> I will Pick Up	<input type="checkbox"/> Please FedEx <i>Fed Ex billing number:</i>	<input type="checkbox"/> Please Send USPS	<input type="checkbox"/> E-mail (if format allows)

Statement	
<input type="checkbox"/> I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.	
Requester Signature	_____ Signature

Office Use Only

Request status:	Estimate:
Date: _____	
_____ Request received	Estimate: \$ _____
_____ Receipt acknowledgement issued	Date deposit received: _____
_____ Request Filled	Actual (if Different): \$ _____
_____ Estimated completion	Date final payment received _____
_____ Request denied in whole	Completed by _____
_____ Other: _____	<i>Retain request form for 90 days following completing of request RDA 2009047</i>