



## 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 LVCCLD official \_\_\_\_\_