



STATE OF NEVADA

Public Records Request

Deliver, Mail, or Fax to: Pershing County Sheriff's Office,
Post Office Box 147, Lovelock, NV. 89419

Attention: Public Records Officer

Date of Request	
Requestor Contact Information	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

Records Requested:
Check all that apply: <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>

<i>To complete an estimate, the agency will need the following information:</i>			
<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please USPS	<input type="checkbox"/> E-mail (if format allows)	<input type="checkbox"/> Please send via: Billing Acct #:

Statement	
<input type="checkbox"/> I understand there is a charge for research, compiling and copies of public records. I understand I will receive a written estimate for production of the records indicated above. A non-refundable fee of 50% of estimated costs is required before records are compiled and prepared. The remainder of the actual cost is due prior to release of records. 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	_____
_____	Estimate provided	Completed by	_____
_____	Request denied in whole		
_____	Other:		