



**STATE OF NEVADA
GOVERNMENT EMPLOYEE-MANAGEMENT
RELATIONS BOARD
Public Records Request**

Deliver, Mail, or Fax to:
3300 W. Sahara Avenue, Suite 260
Las Vegas, NV 89102
Fax: (702) 486-4355

Or E-mail requests to:
Marisu Romualdez Abellar
Executive Assistant
emrb@business.nv.gov

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

Records Requested:	
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>	

<i>To complete an estimate, the agency will need the following information:</i>			
<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 might be 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

Request status:		Office Use Only		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:				

Retain request form for 90 days following completing of request.