

WASHOE COUNTY PUBLIC RECORDS REQUEST FORM



All requests for public records will be responded to in accordance with the provisions of Chapter 239 of Nevada Revised Statutes and Washoe County Resolution Adopting Public Records Policies and Procedures. Our policy is to fill a request within 2 working days or less, unless extraordinary use of personnel or technology is necessary.

This section should be completed by the Requester (optional)

Date of Request:			
Name of Requester (Optional):			
Address:			
Telephone:			
Documents Requested (Please be as specific as possible and include names and dates of the documents if you know them. This will help us respond to your request as fast as possible.)			
1.			6.
2.			7.
3.			8.
4.			9.
5.			10.
Date Documents Needed By:	AM _____ PM _____	Signature: (Optional)	
Copy Needed:	Yes: No:	Certified Copy:	Yes: No:

This section to be completed by the Department

Department Receiving the Request:			
Actual Charge (if extraordinary use):			
Date Request Filled:		Employee Initials:	

Determination of Access if Document is not a known public record

District Attorney Referral		Access Granted (circle one)	
Date Sent:	Date Returned:	Yes	No
Reason for Denial (addendum if necessary):			

A copy of the form should be given to requester and Copy retained in department records.

WASHOE COUNTY
CERTIFICATION OF PUBLIC RECORDS FORM
(Pursuant to Nevada Revised Statute 239.030)



This form should be completed upon request of any person seeking copies of a public record and provided at no charge unless a fee is otherwise provided for in state law.

I hereby certify that the public record(s) listed below provided to

_____ are a full, true, correct copy of the record on file in the office
of _____, on this _____ day of
20_____.

Records provided:

1. _____
2. _____
3. _____
4. _____
5. _____

Signed: _____

Title: _____

Date: _____