



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PUBLIC RECORDS REQUEST Attention: Public Records Officer

Requestor Contact Information

Name: _____ Date of Request: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Records Request:

Check one: Paper copies Electronic copies Certified copies Inspection (in person)

Please be specific and include as much detail as possible regarding the records you are requesting.

To complete an estimate, the agency will need the following information:

I will pick up Please FedEx. FedEx billing number: _____ Please send USPS E-mail: (if format allows)

Statement:

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

Date	Request status:	Estimate:
_____	Request received	Estimate: _____
_____	Receipt acknowledgement issued	Date deposit received _____
_____	Request filled	Actual (if different): _____
_____	Estimate provided	Date final payment received _____
_____	Request denied in whole	completed by _____
_____	Other:	Retain request form for 90 days following completing of request. RDA2009047