



# Nevada State Board of Dental Examiners

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## 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

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