**PUBLIC RECORDS REQUEST**

Hand Deliver to: E-Mail to:

893 Southwood Blvd. mnr@ivgid.org

Incline Village, NV 89451 Subject: Public Records Request

Attn: Public Records Officer

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

|  |
| --- |
| **Records Requested:** |
| 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  *Fed Ex 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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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 three (3) calendar years from the end of the calendar year in which the response was completed according to RDA 2015013* | |

Public Records Requests

To submit a public records request:

* Please submit the request in writing; you may use the IVGID Public Records Request Form.
* You can submit your request any of the following ways:
  + Email to mnr@ivgid.org
  + Mail to the IVGID, 893 Southwood Blvd., Incline Village, NV 89451

Please note:

* Requests should be as specific as possible and include the requester’s contact information
* IVGID will respond to the request within five business days
* If the request cannot be fulfilled within five business days, IVGID will provide written notice of that fact, let the requester know the earliest date and time it reasonably believes the record will be available, and may work with the requester to focus the request so IVGID can respond as expeditiously as possible

Fees for Public Records

Per NRS [239.052](https://www.leg.state.nv.us/NRS/NRS-239.html#NRS239Sec052), a government entity is permitted to charge a fee for the actual cost incurred in the provision of a public record. This includes, without limitation, the cost of ink, toner, paper, media, and postage.

Pursuant to NRS 239.052(2), IVGID chooses to waive this fee except for the following exceptions:

* Hard copy requests of 50 or more single pages
* Postage costs
* The media used to provide electronic records (e.g., thumb drive, discs)

IVGID will inform the requester of any fees prior to responding to the request.

Fees List:

Black and white copies, up to 8.5” x 11”: $0.05 per page

Color, up to 8.5” x 11”: $0.50 per page

Compact Disc/DVD/Thumb Drive: $5.00 per device