



**STATE OF NEVADA
Certified Court Reporters Board**

5135 Camino AL Norte, Suite 270
North Las Vegas, Nevada 80931

Phone: 702-489-8787 Fax: 702-489-8788 Website: www.crptr.nv.gov

PUBLIC RECORDS REQUEST FORM

Attention: Debbie Uehara, Records Official
Email: Requests@NVCCRB.nv.gov

REQUESTOR CONTACT INFORMATION

Name:
Organization:
Address:
City, State, Zip Code:
Phone: _____ Email: _____

RECORDS REQUESTED

Check One: Paper Copies Electronic 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 Board will need the following information:

Check One: I will pick up Please send USPS Email (if format allows)

STATEMENT

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.

Requestor Signature

Date of Request

OFFICE USE ONLY

REQUEST STATUS

_____ Request Received
_____ Receipt Acknowledgement Issued
_____ Request Filled
_____ Estimated Completion
_____ Estimate Provided
_____ Request Denies in Whole
_____ Other

ESTIMATE

Estimate: \$ _____
Date Deposit Received _____
Actual (if different) \$ _____
Date Final Payment Received _____
Completed By _____
Retain request form for 90 days after completion.
RDA 2009047