



**STATE OF NEVADA  
Certified Court Reporters Board**

5135 Camino AL Norte, Suite 270 North Las Vegas, Nevada 89031  
Phone: 702-489-8787 Website: www.crptr.nv.gov

**PUBLIC RECORDS REQUEST FORM**

Attention: Debbie Uehara, Records Official  
Email: NVCCRBPublicRequests@gmail.com

**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**

**ESTIMATE**

_____ 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 Denies in Whole	<i>Retain request form for 90 days after completion.</i>
_____ Other	<i>RDA 2009047</i>