



HOME MEANS NEVADA, INC.

A Non-Profit Entity Established by the
State of Nevada, Department of Business and Industry

Deliver via mail or email to:

Home Means Nevada, Inc.
3300 West Sahara Avenue, Suite 480
Las Vegas, NV 89102
info@homemnv.org

PUBLIC RECORDS REQUEST

Date of Request: _____

Requestor's Information

Name: _____
 Organization (if applicable): _____
 Mailing Address: _____
 City, State, zip code: _____
 Telephone number: () _____ Msg. telephone number: () _____
 Email address: _____
 Contact preference: telephone email

Type of Records Requested

Check One: paper copies electronic copies

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

The agency will need the following information to complete an estimate of the reproduction and shipping costs.

<input type="checkbox"/> Will pick up at agency	<input type="checkbox"/> Ship FedEx <i>Fed Ex billing number:</i>	<input type="checkbox"/> Send USPS	<input type="checkbox"/> Email (if format allows)
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Requestor's Acceptance of Cost Estimate and Terms

I understand there is a charge for copies of public records and I will receive a written estimate for production of the records, indicated above, if the estimated cost is over \$25.00. I understand I will be required to pay the estimated cost prior to reproduction of any documents. Documents will be held for 30 days and destroyed after that. I understand there are no refunds.

Requestor's Signature: _____

For Official Use Only

Date	Request Status:	Cost Estimate & Payment:
_____	Request Received	Estimate: _____
_____	Request Acknowledgement Sent	Date Deposit Received: _____
_____	Estimate Completed	Actual (if different): _____
_____	Estimate Provided to Requestor	Date Final Payment Received: _____
_____	Request Filled	Completed by: _____
_____	Request Denied	
_____	Other (specify): _____	