

STATE OF NEVADA

Public Records Request

Deliver, Mail, Email or Fax to:

Board of Environmental Health Specialists 6170 Mae Anne Ave., Suite 1, Reno, NV 89523 board@nvrehs.org; FAX 775-746-4105

Attention: Public Records Officer, Loretta L Ponton

	T				
Date of Req					
Requestor Contact Information					
Name:					
Organization:					
Address:					
City, State, Zi	ip:				
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:					
				☐ E-mail (if format allows)	
		Fed Ex billing number:			
Statement					
☐ I understand there may be a charge of \$.50 per page for copies of public records. Request for public records totaling less than					
50 pages are provided at no charge. 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:					
Request status:			Estin	nate:	
Dat	te				
		Request received	Estimate:	\$	
		Receipt acknowledgement issued	Date deposit received		
Re		Request filled	Actual (if different):	\$	
Es		Estimated completion	Date final payment received		
Es		Estimate provided	Completed by		
		Request denied in whole	•		
		•	Retain request form for three (3) cale	endar years from the end of the	
Ot		Other:	calendar year in which the response 2015013		