



NEVADA STATE CONTRACTORS BOARD

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PUBLIC RECORDS REQUEST FORM

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

Records Requested:
<i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>

Please specify the preferred method of receiving the requested records.			
<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please FedEx <i>FedEx billing number:</i>	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail <i>(if size & format allows)</i>

Statement	
<input type="checkbox"/> 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 \$10.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.	
Submit Request	Print Form & Mail or Fax to NSCB

For Office Use Only		
Date		
_____	Request received	Estimate: \$ _____
_____	Request filled	Amount Paid: \$ _____
_____	Estimate provided	Date Payment Received: _____
_____	Request denied in whole	Receipt Number: _____
_____	Other	Completed By: _____