



STATE OF NEVADA - NEVADA BOARD OF PHARMACY PUBLIC RECORDS REQUEST

Deliver, Mail, Fax, or Email to:

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy, Ste 206 Reno, NV 89521

Phone: (775)850-1440 Fax: (775)850-1444

Email: teambc@pharmacy.nv.gov

Attention: Public Records Officer, Darlene Nases

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

Records Requested:
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person)
<i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>

<i>To complete an estimate, the agency will need the following information:</i>			
<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please FedEx <i>Fed Ex billing number:</i>	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail (if format allows)

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 \$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	

Office Use Only	
Request status:	Estimate:
Date _____	Estimate: \$ _____
Request received	Date deposit received _____
Receipt acknowledgement issued	Actual (if different): \$ _____
Request filled	Date final payment received _____
Estimated completion	Completed by _____
Estimate provided	
Request denied in whole	
Other	

*Retain request form for 90 days following completion of request.
RDA 2009047*