



**NYE COUNTY PUBLIC RECORDS REQUEST
(PER NEVADA REVISED STATUTE (NRS) 239)**

1. Name [required]

2(a) Street Address/Post Office Box, (b) Apartment/Suite, (c) City, (d) State, (e) Zip Code [required]

3. Area Code + Telephone Number [required]

4. Area Code + Fax Number

5. E-Mail Address

6. Date of Request

7. Description of Records Requested

Identify the records as clearly and specifically as possible. Please provide sufficient information which would be helpful in identifying and locating the requested records, such as document title, etc.

8. Additional Information and/or Comments

FOR OFFICIAL USE ONLY	Date Received: _____	Time Received: _____
Start Time:	Total Time spent (15 min increments):	
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