



NEVADA DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS
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CARSON CITY, NV 89703
PublicRecords@dtca.nv.gov

PUBLIC RECORDS REQUEST

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

Records Requested				
Check one (Use one form per division):	<input type="checkbox"/> Dept. of Tourism and Cultural Affairs	<input type="checkbox"/> Division of Tourism (Travel Nevada)	<input type="checkbox"/> Nevada Arts Council	<input type="checkbox"/> Division of Museums and History
Check one:	<input type="checkbox"/> Paper copies (USPS)	<input type="checkbox"/> Electronic copies	<input type="checkbox"/> In-person (must be picked up within 30 days)	
<i>Please be specific and include as much detail as possible regarding the records you are requesting. Requests that are too broad may result in delays in the fulfillment of the request. The wait time to fulfill your request will be determined by the current volume of department public records requests.</i>				

☐ 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.

Requestor Signature

Office Use Only

Request Status		Estimate	
Date			
_____	Request Received	Estimate	_____
_____	Receipt acknowledged	Deposit received	_____
_____	Estimated completion	Actual cost	_____
_____	Estimate provided	Payment received	_____
_____	Request filled	Completed by	_____
_____	Request denied		
Other:			