**Nevada State Public Charter School Authority**

**Public Records Request**

**Deliver, Mail, Email or Fax to: Public Records Officer**

**2080 East Flamingo Road #230**

**Las Vegas, NV 89119**

**FAX: 702-486-5543** [**publicinformation@spcsa.nv.gov**](mailto:publicinformation@spcsa.nv.gov)

|  |  |
| --- | --- |
| **Date of Request** |  |
| **Requestor Contact Information** | |
| Name: |  |
| Organization: |  |
| Address: |  |
| City, State, Zip: |  |
| 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:* | | | |
| I will pick up | Please FedEx  *Fed Ex billing number:* | Please send USPS | E-mail (if format allows) |

|  |  |
| --- | --- |
| **Statement** | |
| 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. | |
| **Requester**  **Signature** | Signature |

**Office Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request status:** | | | | **Estimate:** | |
|  | Date | Request received |  | Estimate: | $ |
|  |  | Receipt acknowledgement issued |  | Date deposit received |  |
|  |  | Request filled |  | Actual (if different): | $ |
|  |  | Estimated completion |  | Date final payment received |  |
|  |  | Estimate provided |  | Completed by |  |
|  |  | Request denied in whole |  |  |  |
|  |  | Other: |  | *Retain request form for 90 days following completing of request. RDA 2009047* | |