

# WASHOE COUNTY PUBLIC RECORDS REQUEST FORM



All requests for public records will be responded to no later than the fifth business day after the request is received, in accordance with the provisions of Chapter 239 of Nevada Revised Statutes and Washoe County Resolution Adopting Public Records Policies and Procedures.

This section should be completed by the Requester (optional)					
Date of Request:					
Name of Requester (Optional):					
Requestor Address:					
Requestor Telephone:					
Requestor Email:					
<b>Documents Requested</b> (Please be as specific as possible and include address, names and dates of the documents, if you know them. This will help us respond to your request as fast as possible.)					
1.					6.
2.					7.
3.					8.
4.					9.
5.					10.
Date Documents Needed By:	AM_____		Signature: (Optional)		
	PM_____				
Copy Needed:	Yes:	No:	Certified Copy:	Yes:	No:
				Electronic Copy:	Yes: No:

This section to be completed by the Department			
Department Receiving the Request: Washoe County Health District			
Actual Charge (if extraordinary use):			
Date Request Filled:		Employee Initials:	

Determination of Access if Document is not a known public record			
District Attorney Referral		Access Granted (circle one)	
Date Sent:	Date Returned:	Yes	No
Reason for Denial (addendum if necessary):			

A copy of the form should be given to requester and Copy retained in department records.