



**PUBLIC RECORDS REQUEST FORM**

Nevada Department of Wildlife (NDOW), Headquarters  
 1100 Valley Road, Reno, NV 89512. **As of Nov. 16<sup>th</sup>: 6980 Sierra Center Pkwy, Ste. 120, Reno, NV 89511**  
 (Hours 8-5pm M-F, closed legal State holidays) **ALL FIELDS REQUIRED.**

Do NOT use the Public Records Request form for these:

- **Wildlife Location or Resource Data and Maps** - Use the [Data Request Form](#) or see the [GIS Data Clearinghouse](#) online.
- **Publications** – Most are online for free. See online <http://www.ndow.org/Education/Publications/>
- **Items listed on the Business Products List** (incl. legal Registered Owner Data etc.), See Business Products List/Fee Schedule.

<b>Date of Request</b>	
<b>Contact Information of Requester</b>	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

**PRINT/TYPE THE RECORD REQUESTED, AND CHECK ONE BUTTON TYPE ONLY:**

To ensure accuracy and timeliness, please be specific and descriptive in the request for an existing record, what is being searched for and/or the purpose. Please narrow the scope of the record request as much as possible.

*Inspect in person      Paper copy      Certified Copy      Electronic copy (when that is the Readily Available Medium)*

**Requester Agrees to the following:**

Some records or parts of records are declared confidential by State or Federal Law and cannot currently be provided (such as investigations of open cases, personal and financial information, sensitive wildlife location data, or other). Some records may require redaction confidential information will be redacted before it is provided to me.

A Public Records Official may request clarifying information, and the request will receive a written response within 5 business days after it is received, indicating an estimate of when the records will be ready (which may be more than 5 days) and the cost estimate; or other information as stipulated in our process, and in NRS 239.

I understand I will receive a written estimate for production of the records indicated above. I will be required to pay the actual/estimated cost in full prior to copying or inspection. No refunds. Materials will be held for 30 days. If not retrieved, advanced payment will not be returned.

I \_\_\_\_\_, the requestor, understand and agree to these terms.

**Send Request Form by Email, in person, or mail to a Public Records Officer:**

Deputy Director of Resource Management Jack Robb, [jrobb@ndow.org](mailto:jrobb@ndow.org), 775-688-1591  
 Deputy Director of Administrative Services Liz O'Brien, [lobrien@ndow.org](mailto:lobrien@ndow.org), 775-688-1982

**Office Logging of Request 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:		