

City of Las Vegas
Planning & Development Department
Public Records Request Form

Date: _____

Type of Request: Routine Non Routine Extraordinary (check one)

Requestor Name: _____ Company: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

I hereby request the following city of Las Vegas public records be:
Made available for review and inspection , Copied , or Copied and Certified (check one)

Record(s) Requested: _____

I understand there is a charge for copies of public records. Further, I understand that if the estimated cost of the copies I have requested is \$25.00 or more, I will be required to pay in full prior to reproduction. Materials will be held for 14 days. If materials are not retrieved, they will be shredded. Should I make a second request for the same materials, I will be charged in full for the second reproduction in addition to the original charges imposed. Monies paid are forfeited if materials are never retrieved. If the request represents a large number of copies, I will be notified of the time frame needed for the completion of the request.

Signature _____

Note: This form is a public record and will be retained for a period of one year from creation.

Information above this line must be included on all Departmental Public Records Request Forms.

Calculation of charges:

_____ Copies @ \$1.00 per page (8½x11) = \$ _____
_____ Copies @ \$2.00 per page (8½x14 or 11x17) = \$ _____
_____ Copies @ \$10.00 per page (24x36 b/w map) = \$ _____
_____ Copies @ \$25.00 per page (24x36 color map) = \$ _____
_____ Certification Fee @ \$2.00 per page = \$ _____

Note to Cashier:

TOTAL DUE

Ext Charge Code:

If an Extraordinary request:

Number of staff hours _____ x (rate) _____ = \$ _____

Type of material _____ (cost) _____ = \$ _____

Staff Notes & Status _____

By: _____, City of Las Vegas, Planning & Development Department