CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
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Las Vegas, NV 89106

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Print Form

Generic Public Records Request Form

Requestor: _____ Date of Request: _____

How may we contact your?: Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Mailing Address: _____

I hereby request the following City of Las Vegas public records be (please check one):

- ☐ Made available for review and inspection
- ☐ Copied
- ☐ Copied and certified

Records 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 not retrieved, I will be charged in full for a second reproduction in addition to the original charges. Payment will be forfeited if material is not retrieved.

Signature: _____

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.

Type of Request (please check one):

- ☐ Routine
- ☐ Multi-Departmental
- ☐ Extraordinary

Use the following for calculation of charges:

Number of copies: _____ X $1.00 per standard page = $ _____

Certification Fee: _____

If an Extraordinary request:

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

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

Staff Notes & Status: _____

_____

_____

_____

Completion Date: _____ By: (initials): _____ Date Picked Up: _____