



Chiropractic Physicians' Board of Nevada Public Records Request

Deliver, Mail, Email or Fax to: **Public Records Officer**
4600 Kietzke Lane, Ste. M245
Reno, NV 89502
FAX: 775-688-1920
chirobd@chirobd.nv.gov

Date of Request	
Requestor Contact Information	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

Records Requested:
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person)
<i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>

<i>To complete an estimate, the agency will need the following information:</i>		
<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail (if format allows)

Statement	
<input type="checkbox"/> 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

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.