

STATE OF NEVADA State Lands Records Request Deliver, E-mail or Mail to:

Nevada Division of State Lands 901 South Stewart Street, Suite 5003 Carson City, Nevada 89701-5248



Attention: Records Official



Date of Request					
Requestor Contact Information					
Name:					
Organization	:				
Address:					
City, State, Z	ip:				
Phone:					
E-mail:					
		l			
Records Requested:					
Check one:		er copies [Blectronic copies Certific	ed copies Inspection (in perso	on)
Please be specific and include as much detail as possible regarding the records you are requesting.					
I rease be specific and include as much detail as possible regularity the records you are requesting.					
1					
To complete an estimate, the agency will need the following information:					
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I will plek up			Fed Ex billing number:	Trease send our s	L-man (n format anows)
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Statement					
I understand there is a charge for copies of Nevada Division of State Lands 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 \$25.00, which I will be required					
to pay in full prior to inspection or reproduction. Materials will be held for 30 days.					
Requester					
Signature	Signature				