



NEVADA STATE BOARD OF ACCOUNTANCY

Public Records Request

Deliver, Mail, Fax or Email to:

1325 Airmotive Way #220

Reno, Nevada 89502

FAX (775) 786-0234 / EMAIL cpa@nvaccountancy.com

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>

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 \$25.00, which I will be required to pay in full prior to inspection or reproduction. Copies will be held for 30 days and then disposed of unless other arrangements have been made with the Board's records official.	
Requester Signature	_____ Signature

Office 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:		

Retain request form for three (3) calendar years from the end of the calendar year in which the response was completed according to RDA 2015013