

NEVADA STATE ATHLETIC COMMISSION – PUBLIC RECORDS REQUEST

<u>Deliver, Mail, or Fax to</u>: Nevada State Athletic Commission 555 E. Washington Ave., Suite 3200 Las Vegas, NV 89101 Facsimile: (702) 486-2577

Attention: Jennifer Montgomery and Colleen Patchin - Public Records Coordinators

INSTRUCTIONS

All records requests must be made in writing and signed using this request form. Information with an asterisk (*) is required. Incomplete requests will not be honored.

SECTION A – REQUESTOR INFORMATION

Date of Request*				
	RE	EQUESTOR CONTACT INF	ORMATION	
Name*				
Organization				
Address*				
City, State, Zip*				
Phone*				
Email*				
assist Nevada Stat	d(s) you are reque e Athletic Comm	uesting.* Please be as s	pecific as possible and incl the record(s). Include re	_
SECTION C – RECEI Please specify the		d of receiving the reque	sted record(s).*	
Check One:	Paper Copies	☐ Electronic Copies	□ Inspection (in person)
understand that copayment is receive	opying and other d (please note: e	r associated fees may ap	ue and correct to the besopply and that records will ceive the records via ema	not be released until
	Requester Signa	 ature*		 Date*