FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Public Record Request
Pursuant to NRS 239

This form is to be used to request all non-commercial recordings documents in the legal custody or control of the Office of the Secretary of State.

USE BLACK INK ONLY - DO NOT HIGHLIGHT **PRINT LEGIBLY OR TYPE ALL INFORMATION** **ABOVE SPACE IS FOR OFFICE USE ONLY**

Note: if you are requesting commercial recordings documents, please submit your request per the instructions on the copies and certification fee schedule located on the Public Records Request webpage.

Instructions

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

Section A - Requester Information

Your Name* ☐ Mr. ☐ Mrs. ☐ Ms. Other

Phone* Fax Email

Business Name

Mailing Address*

City* State* Zip Code*

Section B - Record(s) Requested

Describe the record(s) you are requesting. Please be as specific as possible and include enough detail to assist SOS staff in locating the record(s). Include relevant dates or date range. For multiple records, you may attach additional pages.

Section C - Receiving Record(s)

Please specify the preferred method of receiving the requested record(s).

- ☐ By postal mail at the mailing address above
- ☐ By email at the email address above. Please note: even if you choose to receive the records via email there will be a per page cost if the document is not available electronically.
- ☐ In person
- ☐ Special Delivery - please specify; additional charges will apply

By signing below I certify that the information above is true and correct to the best of my knowledge. I understand that copying and other associated fees may apply and that records will not be released until payment is received.

X _____ **Date** _____

Requester Signature - Required **Required**

SOS STAFF USE ONLY

Assigned to

Estimate

An estimate of $ _____ (Amount)

was provided on _____ (Date)

by _____ (SOS Staff)

Request Status

- ☐ Authorization to proceed* _____ (Date)
- ☐ Request withdrawn _____ (Date)
- ☐ Information provided and request completed _____ (Date)
- ☐ Information not provided - law excludes information requested
- ☐ Other _____ (Detail)

*Requires payment portion to be completed

Reset

Payment Status

- ☐ Amount received $ _____
- ☐ Cash ☐ Check _____ (Number)
- ☐ Other _____ (Detail)

By