

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.

Sect	ion A - Requester Info	ormation		
Your	Name*		Mr.	Mrs. Ms. Other
Phon	e*	Fax	Email	
Busin	ess Name			
Mailir	ng Address*			
City*			State*	Zip Code*
Desci				enough detail to assist SOS staff in y attach additional pages.
	tion C - Receiving Rec		ocord(s)	
Pleas	e specify the preferred met	nod of receiving the requested re	ecora(s).	
	By postal mail at the mailing	address above	Special Delivery - pleas	se specify; additional charges will apply
		s above. Please note: even if you s via email there will be a per page vailable electronically.		
By sig	gning below I certify that the	information above is true and co	orrect to the best of my kr	nowledge. I understand that copying
and c	ther associated fees may a	oply and that records will not be	released until payment is	received.
X			Dat	•
	Reque	ster Signature - Required SOS STAFF		Required
Assigi	ned to	Request Status		Payment Status
·		Authorization to proceed*		Amount received \$
Estima	ate	Request withdrawn	Date	Cash Check
An es	timate of \$	Information provided and reques	Date	Number Other
was p	rovided on	Information not provided - law ex		Detail
	Date	Other	Detail	Ву
by	SOS Staff	*Requires payment portion to be com		Nevada Secretary of State PR Reques Revised: 1-5-1