



# Eureka County Public Record Request Pursuant to NRS 239

## Instructions

Information with an asterisk (\*) is required. Incomplete requests will not be honored. After completing submit to: **Eureka County Clerk Recorder, 10 S. Main St, PO Box 540, Eureka, NV 89316** or email to: **lhoehne@eurekacountynv.gov**

## Section A – Requester Information

Your Name\*

Mr. Mrs. Ms. Other

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Phone\*

Fax

Email

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Business Name

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Mailing Address\*

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City\*

State\*

Zip Code\*

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## Section B – Record(s) Requested

Describe the record(s) you are requesting. Failure to complete the following questions specifically in sufficient detail to allow staff to identify, locate and produce the records requested will result in this form being returned to you for additional clarification.

**Relevant dates or date range\***

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**Record source\***


**Specific scope of request\***


**Subject matter or topic of the record\***


**Person or Persons mentioned in the record\***


**Key terms to be found in the record\***


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(Attach additional pages as needed)

**Section C – Receiving Record(s)**

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

- By postal mail at the mailing address above
- In Person
- Special Delivery- please specify; additional charges may apply

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Copies fees will apply. All electronic files are provided on a flash drive at a cost of \$6.00.

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**

**STAFF USE ONLY**

Transferred to \_\_\_\_\_ Reviewed by the DA  Yes  No  
Authorization to proceed (if yes, Date) \_\_\_\_\_ Request withdrawn (if yes, date) \_\_\_\_\_  
Method of Delivery:

Fax \_\_\_\_\_ Request was completed \_\_\_\_\_

Hand delivered to \_\_\_\_\_ Date Information Provided \_\_\_\_\_

Postal Mail \_\_\_\_\_ Date Information Mailed \_\_\_\_\_

Signature of Staff \_\_\_\_\_ Date \_\_\_\_\_