



DEPARTMENT OF FINANCE
 Purchasing and Contracts Division

Phone: (702) 455-2897



REQUEST FOR PUBLIC RECORDS

The following information **must** be completed by the requestor.

Incomplete forms will not be accepted!

PURSUANT TO THE NEVADA PUBLIC RECORDS LAW, I REQUEST THE FOLLOWING INFORMATION RELEVANT TO CONTRACT NO. _____ TITLE _____.

I UNDERSTAND THAT THERE IS A FEE FOR COPIES OF *\$1.00 PER PAGE AND THAT NO COPIES SHALL BE MADE UNTIL FULL PAYMENT IS RECEIVED. REVIEW OF DOCUMENTS IS BY APPOINTMENT ONLY!

Date: _____ Name/Title: _____

Company Name: _____ **IS THIS FOR A POSSIBLE PROTEST?** Yes No

Address: _____ City/State/Zip: _____

Area Code/Phone Number: _____ Area Code/Fax Number: _____

E-mail Address: _____

Please check the documents you want to: **Review? Yes No Copy? Yes No**

- Original Solicitation
- Awarded CBE, RFP, Bid _____
(Enter Supplier(s) Name)
- Other Submittal(s) _____
(Enter Supplier(s) Name)
- Addenda
- BCC Agenda / Award Authorization
- Renewal Letter(s), if applicable
- Extension Letter(s), if applicable
- Price Increase Letter(s), if applicable
- Insurance submittals, if applicable
- Other _____

PLEASE FAX OR EMAIL THIS COMPLETED FORM TO: (702) 386- 4914 or CountyPurchasing@clarkcountynv.gov

*Personal, Business, or Cashier Checks should be made payable to **Clark County Treasurer**. We will accept cash if it is **exact change only**. The Purchasing Division **does not have cash** to make change.

Pursuant to Chapter 239 of the Nevada Revised Statutes, requests for review or copying of Public Records will be responded to within **5 business days** of our receipt of your written request.

Please visit our website for forms and other important information at: <http://www.ClarkCountyNV.gov/Purchasing>

FOR INTERNAL USE ONLY:

Date of appointment: _____ Time: _____

PAGE COUNT: _____ AMOUNT DUE: \$ _____ PAYMENT METHOD: _____

Date/Time Completed: _____ Initials: _____ Version Date: 08/16/2011