

City of Las Vegas Purchasing & Contracts Division
Public Records Request Form

Original Public Records must not be removed from the Purchasing & Contracts office

Requestor Name: _____ Date: _____

Company Name: _____

Address: _____

Contact Phone Number: _____ E-mail: _____

I hereby request the following City of Las Vegas public records be (Check one):

- Made available for review Copied Copied and certified

Records Requested: _____

Preferred Payment Method: Credit Card Check Cash

I understand there is a charge for copies of public records. Further, I understand that if the estimated cost of the copies I have requested is \$25.00 or more, I will be required to pay in full prior to reproduction. Materials will be held for 14 days. If not retrieved, I will be charged in full for a second reproduction in addition to any unpaid original charges. Advance payment will be forfeited if material is not retrieved.

Signature _____

This form is a public record and will be retained for a period of one year from creation.

For Staff Use Only

- Type of request:** Routine Multi-Departmental Extraordinary
Received from: Public Other Agency CLV Staff

Fee Calculations *

_____ # standard pages	@ \$1.00 per page	_____
_____ # oversized pages	@ \$3.00 per page	_____
_____ # certifications	@ \$2.00 per certification	_____
_____ # CD/DVD disks **	@ \$5.00 per disk	_____
_____ # USB (thumb) drives **	@ \$10.00 per device	_____
_____ # staff hours after 1 st hour	@ \$32.00 per hour	_____

Additional actual material costs: _____

Total Fees: \$ _____

Staff Notes: _____

* The City does not charge for electronic copies of readily available information posted online or transmitted via e-mail.

** Under no circumstances will requester-supplied storage media be used on a City computer.

Date Received: _____ Completion Date: _____ By: _____

Cost Codes: 06601 270100 T11000 Receipt Number: _____ By: _____