



Records Section
 555 Wright Way
 Carson City, NV 89711
 Telephone (775) 684-4590
 Fax (775) 684-4899
dmvnv.com

PUBLIC RECORDS REQUEST

NRS Chapter 239

Do not use this form to request driver's license or vehicle registration records that contain personal information or for a custom statistical report. Visit dmvnv.com/records.htm for more information.

All requests must be made in writing and signed. All information is required. Mark N/A if not applicable. Incomplete requests will not be honored.

Date of Request	
Requestor Contact Information	
Name:	
Organization:	
Mailing Address:	
Phone:	
E-mail:	

Records Requested:
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person)
<i>Describe the record(s) you are requesting. Please be as specific as possible and include enough detail to assist DMV staff in locating the record(s). Include relevant dates or date range. You may attach additional pages if needed.</i>

<i>To complete an estimate, the agency will need the following information:</i>			
<input type="checkbox"/> I will pick up	<input type="checkbox"/> E-mail (if format allows)	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> Other: _____

Statement	
<input type="checkbox"/> I understand there may be a charge for the direct costs in providing copies of public records such as paper, media and postage. I understand I will receive a written estimate if charges exceed \$25, which I will be required to pay in full prior to inspection or reproduction.	
Requester Signature	Signature

Office Use Only

Request status:	Estimate:																																						
<table style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;">Date</td> <td style="width: 85%;">Request received</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Receipt acknowledgement issued</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Request filled</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Estimated completion</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Estimate provided</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Request denied in whole</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Other:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Date	Request received	_____	_____	_____	Receipt acknowledgement issued	_____	_____	_____	Request filled	_____	_____	_____	Estimated completion	_____	_____	_____	Estimate provided	_____	_____	_____	Request denied in whole	_____	_____	_____	Other:	_____	_____	<table style="width: 100%;"> <tr> <td style="width: 15%; text-align: right;">Estimate:</td> <td style="width: 85%;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Date deposit received</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Actual (if different):</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Date final payment received</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Completed by</td> <td>_____</td> </tr> </table>	Estimate:	\$ _____	Date deposit received	_____	Actual (if different):	\$ _____	Date final payment received	_____	Completed by	_____
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