



**Nevada Taxicab Authority**  
**State of Nevada**  
**Business and Industry**

2090 E. Flamingo Road Suite 200  
Las Vegas Nevada 89119  
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Fax (702) 668-4001  
[www.taxi.nv.gov](http://www.taxi.nv.gov)

**PUBLIC RECORD REQUEST**

This form is to be used to request all public record documents in the legal custody or control of the Nevada Taxicab Authority.  
USE BLUE OR BLACK INK ONLY – DO NOT HIGHLIGHT PRINT LEGIBLY OR TYPE ALL INFORMATION

**Instructions**

Information in blue ink is required. All request submitted must be signed by requestor. Incomplete requests will not be honored.

**Section A – Requester Information**

Requester's Name: Mr.  Ms.  Mrs.

Business Name:

Phone: Fax: Email: Suite/Apt Number:

Mailing Address: State: City: Zip code:

**Section B – Record(s) Requested**

Event Date: Time (approximate):

Location (cross streets/property):

Cab Company: Cab Number:

Description: Please be as specific as possible to assist AGENCY staff in locating the record(s).

For multiple records you may attach additional pages.

**Section C – Receiving Records**

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

Postal mail at the mailing address above (Requester responsible for estimated postage fee)

Email  In person (Taxicab Authority Office)  Fax #:

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 all fees are paid in full.

X \_\_\_\_\_ Date \_\_\_\_\_  
Requester signature required

**TA STAFF USE ONLY**

**Request received:** \_\_\_\_\_  
 Fax  Email  Mail  In Person  
Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_  
**Confirmation Email:**  
Sent By: \_\_\_\_\_  
Date: \_\_\_\_\_

**Fee:**  
A payment of \$ \_\_\_\_\_  
is required in full before the above  
requested record is produced. (All  
payments must be in exact change.)  
**Cost for Processing Email:**  
Sent by: \_\_\_\_\_  
Date: \_\_\_\_\_

**Payment Status:** \$ \_\_\_\_\_ received in  
 Cash  MO  
 CC\DBT  Business Check  
Date: \_\_\_\_\_  
Processed by: \_\_\_\_\_  
Requester rescinded the above PRR  
Date Rescinded: \_\_\_\_\_