



Public Record Request Pursuant to NRS 239

Nevada Taxicab Authority
2090 E. Flamingo Road, Suite 200
Las Vegas, NV 89119
(702) 668-4000
Website: www.taxi.nv.gov

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

All requests must be made in writing and signed. Information with an asterisk (*) is required. Incomplete requests will not be honored.

Section A – Requester Information

Your Name* Mr. Mrs. Ms. Other

Phone* Fax Email

Business Name

Mailing Address*

City* State* Zip Code*

Section B – Record(s) Requested

Describe the record(s) you are requesting. Please be specific as possible and include enough detail to assist AGENCY staff in locating the record(s). Include relevant dates or date range. For multiple records, you may attach additional pages.

Section C – Receiving Record(s)

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

By postal mail at the mailing address above Special delivery – please specify; additional charges will apply

By email at the email address above. Please note: even if you choose to receive the records via email there will be a per page cost if the document is not available electronically.

In person

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 Required

T A STAFF USE ONLY

Assigned to <input type="text"/>	Request Status <input type="checkbox"/> Authorization to proceed* _____ Date <input type="checkbox"/> Request withdrawn _____ Date <input type="checkbox"/> Information provided and request completed _____ Date <input type="checkbox"/> Information not provided – law excludes information requested <input type="checkbox"/> Other _____ Detail	Payment Status <input type="checkbox"/> Amount received \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> DB/CR _____ Approval # <input type="checkbox"/> Other _____ Detail By <input type="text"/>
Estimate		
An estimate of \$ _____ Amount		
Was provided on _____ Date		
By _____ T A Staff		

*Requires payment portion to be completed