



Nevada Taxicab Authority
State of Nevada
Business and Industry

2090 E. Flamingo Road Suite 200
Las Vegas Nevada 89119
Telephone (702) 668-4000
Fax (702) 668-4008
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:

Business Name:

Phone:

Fax:

Email:

Mailing Address:

Suite/Apt Number:

State:

City:

Zip code:

Section B – Record(s) Requested

Event Date:

Time (approximate):

Event Location (cross streets/property):

Cab Company:

Cab Number:

Driver Name:

TA Permit Number:

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

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Requester rescinded the above PRR
Date Rescinded: _____