



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: _____
City: _____ State: _____ 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