

JOE LOMBARDO
Governor

TERRY REYNOLDS
Director



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
TAXICAB AUTHORITY

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KARL W. ARMSTRONG
Administrator

DAN R. REASER
Chairman

DONALD SODERBERG
Vice Chairman

Members
J.D. DECKER
RUSTY GRAF
JAVIER TRUJILLO

TAXICAB AUTHORITY BOARD MEETINGS AND PUBLIC HEARINGS
REQUEST FOR NOTICE AND WAIVER

I hereby acknowledge and understand the following:

1. NRS Chapter 241 (Open Meeting Laws) governs the notice and procedures of meetings by public bodies;
2. The Taxicab Authority Board is a public body that must adhere to Open Meeting Laws;
3. In addition to having the Taxicab Authority post notice, I have the right upon request to receive notice of upcoming board meetings by regular mail. *See* NRS 241.020;
4. I may waive my right to receive such notice by mail and elect to receive notice by email. *Id.*;
5. My request to receive notice automatically expires six months after my request is made. *Id.*;
6. My election to receive notice by email in lieu of regular mail automatically expires six months after this request is made; and
7. Below, I have provided the email address at which I wish to receive notice. Should this email address change, I acknowledge that it is my responsibility to notify the Taxicab Authority.

THEREFORE, and based upon the foregoing, I knowingly and voluntarily request to receive notice of upcoming Board meetings. Further I knowingly and voluntarily waive my right to notice by regular mail and elect to receive notice by email and/or receive notice by an email containing a link to the Taxicab Authority's main website so I may view agendas and supporting materials through this link. Finally, I acknowledge and

understand that my request to receive notice and my waiver both expire six months after the date of this document. It remains my responsibility to keep my request and waiver current with the Taxicab Authority.

I may access the Request for Notice and Waiver form at any time by visiting the main website of the Taxicab Authority at taxi.nv.gov.

DATED this _____ of _____, 2023.

Signature

Printed Name

Electronic Mail Address for Service

