

NEVADA STATE BOARD OF ATHLETIC TRAINERS

Public Records Request

Deliver or Mail: 6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

eFax: 1-775-403-1970

Attention: Michelle R. Cothrun, Public Records Officer

Date of Req						
Requestor Contact Information						
Name:						
Organization:						
Address:						
City, State, Zip:						
Phone:						
E-mail:						
Records Requested:						
Check one:		er copies	Electronic copies	Certifie	<u> </u>	
Please be specific and include as much detail as possible regarding the records you are requesting.						
To complete an estimate, the agency will need the following information:						
☐ I will pick		,	Please FedEx	3 7	Please send USPS	E-mail (if format allows)
_ 1 1		Fed Ex billing number:		r:		
Statement						
☐ I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the						
records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to						
inspection or reproduction. Materials will be held for 30 days.						
Requester						
Signature		Signature				
Office Use Only						
Request status:				Office C	Estimate:	
<u> </u>						
Date		n.				*
			quest received	,	Estimate:	\$
		Receipt acknowledgement issued		sued	Date deposit received	<u></u>
		Request filled			Actual (if different):	\$
		Estimated completion			Date final payment received	
		Estimate provided			Completed by	
		Request denied in whole				
					Retain request form for three (3) cale	
		Oth	ner:		calendar year in which the response 2015013	was completed according to RDA