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**STATE OF NEVADA**

**Public Records Request**

**Deliver, Mail, or Fax to:**

**1830 College Parkway Ste 200 Carson City, NV 89706**

**775-687-4040 (fax) or nhdinfo@housing.nv.gov**

**Attention: Public Records Officer: Karenza Strode**

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| **Date of Request** |      10/24/24 |
| **Requestor Contact Information**  |
| Name: |      Alessandro Guzman |
| Organization: |      Reynolds School of Journalism  |
| Address: |      1205 Beech Street  |
| City, State, Zip: |      Reno Nevada 89501 |
| Phone: |      702-715-6368 |
| E-mail: |      alessandrog@unr.edu |

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| **Records Requested:**  |
| Check one: [ ]  Paper copies [ ]  Electronic copies [ ]  Certified copies [ ]  Inspection (in person)  |
| *Please be specific and include as much detail as possible regarding the records you are requesting and dates.*Pursuant to the Nevada Public Records Act, I hereby request the following records:Record of all "Client Complaint Forms" filed to the Nevada Department of Business And Industry: Housing Division. Please refer to <https://housing.nv.gov/uploadedfiles/housingnvgov/Content/Contact/clientcomplaintform.pdf>The requested documents will be made available to the general public, and this request is not being made for commercial purposes.In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.Sincerely,Alessandro Guzman |

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| *To complete an estimate, the agency will need the following information:*  |
| [ ]  I will pick up | [ ]  Please FedEx*Fed Ex billing number:*      | [ ]  Please send USPS | [ ]  E-mail (if format allows) |

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| **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** |  Alessandro GuzmanSignature  |

**Office Use Only**

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| **Request status:** | **Estimate:** |
| Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Request received | Estimate: | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Receipt acknowledgement issued | Date deposit received | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Request filled | Actual (if different):  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Estimated completion | Date final payment received | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Estimate provided | Completed by | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Request denied in whole |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: | *Retain request form for 3 years following completing of request.* *RDA 2015013* |