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 Clark County Clerk
 200 Lewis Avenue
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 Las Vegas, NV 89155-1604
 (702) 671-0500
ClerkRec@ClarkCountyNV.gov

PUBLIC RECORDS REQUEST

Pursuant to NRS 239

INSTRUCTIONS

This form is to be used to request all records in the legal custody or control of the Clark County Clerk's Office. All information in Section A is required. No-fee requests will automatically be fulfilled. Requests that entail extraordinary time or resources will incur a fee that must be approved by the requestor before the public records request can be fulfilled.

SECTION A – TO BE COMPLETED BY REQUESTER

Full Name _____ Email _____
 Business Name _____ Phone # _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Check here if this is a media request. Specify the deadline date and time: _____ am/pm
 For media requests needed within 48 hours, also call the PIO's office at (702) 455-5534.

Describe the records you are requesting. Please be as specific as possible and include enough detail to assist staff in locating the records. Include relevant dates or a date range. For multiple records, you may attach additional pages.

Please select the preferred method of receiving the requested records:

- By postal mail at the mailing address above
- By email at the email address above (Even if you choose to receive the records via email there may be a per page cost)
- In person
- Special delivery (additional charges may apply) _____

• STOP! DO NOT COMPLETE ANYTHING ELSE BELOW THIS SECTION AT THIS TIME. •

Submit your request via mail or email using the address above or by using the submit button and a response will be provided within 5 days of receipt.

SECTION B – TO BE COMPLETED BY COUNTY CLERK STAFF

Estimated fee to fulfill request: \$ _____ Estimated time to fulfill request: _____ hours/days/weeks
 Estimated date to fulfill request: ____/____/____ Estimate provided by: _____
 Additional Information: _____

SECTION C – TO BE COMPLETED BY REQUESTER UPON RECEIPT OF ESTIMATED FEE

By signing below, you are accepting financial responsibility for this request and agree to pay the estimated fee in section B above. You also understand that records will not be released until payment is received by the County Clerk's Office unless there is no fee.

X _____ Date ____/____/____

**Please send this signed and dated agreement via USPS mail or email using the address above.
 Payment should be in the form of a cashier's check or money order made payable to County Clerk. Do not send cash.**

To Whom It May Concern:

Pursuant to the Freedom of Information Act I hereby request the following records:

The following materials regarding the compilation and composition of the state's master jury list:

All current policies and procedures regarding how the current master jury list was compiled and how often master jury lists are reviewed and updated. Please name all source lists (driver's license records, voter registration lists, etc) that were utilized in creating the current master jury list.

All reports, databases, spreadsheets, or equivalent materials regarding the composition of the current master jury list. Please include the total number of individuals on the current master jury list and all relevant demographic data, including but not limited to the race, age and gender of individuals that comprise the current master jury list.

In the event that there are any fees for obtaining or copying these records, please inform me of the total charges in advance of fulfilling my request. Should the fees exceed \$100, I would also like to request a waiver of all fees as I am requesting the information on behalf of a 501(c)(3) nonprofit and the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of how master jury lists are created. This information is not being sought for commercial purposes.

If possible, please provide the requested documents electronically. However, if this is not feasible, please inform me of the available methods for obtaining these records. Further, if you expect a significant delay in responding to this request, please contact me with information concerning when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption that justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within the timeframe required by the statute.