



**PUBLIC RECORDS REQUEST FORM**

Please read instructions on reverse side before completing this form.

(1) REQUESTING PARTY INFORMATION					
Name:				Phone:	
Company:				Fax:	
Address:				Email:	
City:		State:		Zip:	

(2) DOCUMENT TYPE	
<input type="checkbox"/> Dust Control Permit	<input type="checkbox"/> Phase I Environmental Assessment
<input type="checkbox"/> Stationary Source Permit	<input type="checkbox"/> Air Quality Inspection Documents
<input type="checkbox"/> Air Monitoring Data	<input type="checkbox"/> Asbestos Notification
<input type="checkbox"/> Enforcement Action	<input type="checkbox"/> Other: _____


(3) PUBLIC RECORD INFORMATION				
Dates of Records:	From	To	or	&
Business Name or Property Owner:			Permit # (if known):	
Project Name (if applicable):				
Property Address:		City:		Zip:
Assessor's Parcel Number:				

(4) OTHER

(5) RECORD FORMAT & DELIVERY OPTIONS	
Record Format: _____ # Copies	<input type="checkbox"/> Paper copy <input type="checkbox"/> Electronic copy (pdf) <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> Other <input type="checkbox"/> Inspection only
Method of delivery:	<input type="checkbox"/> USPS Mail First Class <input type="checkbox"/> USPS Priority Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> In Office Pickup

(6) SIGNATURE
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I hereby request the Clark County Department of Air Quality provide the above-described public records for inspection, copying, and/or or other reproduction.

Requestor's Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING RECORDS REQUEST FORM

Our website, <http://www.clarkcountynv.gov/depts/dagem/Pages/default.aspx>, has many of our records available for download that do not require use of this form. To otherwise request inspection and/or copies of public records, please use the following instructions to complete the Records Request Form on the reverse side. Please fill out this form completely and be specific about the records you are requesting. Incomplete forms may delay the processing of your request. Refer to Nevada Revised Statutes (NRS) Chapter 239 for more information on Public Records.

### **(1) REQUESTING PARTY INFORMATION**

Identify the person and/or company requesting the records, including the address and telephone number. If you are requesting the information on behalf of a company, please list the name of the individual responsible for this request.

### **(2) DOCUMENT TYPE**

Check the box that indicates the type of records you are seeking. If the records you seek are not listed, please check the "other" box and provide a description in Section 4 - Other.

### **(3) PUBLIC RECORD INFORMATION**

Use this section to describe the information you are seeking. Please be as specific as possible.

*Date range of request:* Specify a date range of the documents requested, if applicable.

*Business Owner/Property Owner:* Enter the name of the company, permittee, or property owner, if known.

*Permit #:* If this request is related to a permit, please enter the permit number, if known.

*Project Name:* Please indicate the project or facility name.

*Property Address:* Enter the site address of the subject property, facility, or project.

*Assessor's Parcel Number:* Use this to identify the parcel information, if known.

### **(4) OTHER**

Please use this section for any other information and specifics that might help identify the records you seek.

### **(5) RECORD FORMAT & DELIVERY OPTIONS**

*Record format:* Check the box that indicates your preferred record format.

*Delivery options available:* Check the box that indicates your preferred delivery option. If requesting records be sent via email, please provide your email address.

### **(6) SIGNATURE**

The form be signed by the requesting party identified in Section 1.

## CLARK COUNTY AIR QUALITY FEE SCHEDULE

Research, retrieval, and copying: (1) no charge for personnel time or materials if process takes 30 minutes or less; or (2) if process takes more than 30 minutes, staff will notify requestor of the total fee amount, as calculated in accordance with the fee schedule below before preparing the requested information. Upon requestor's payment of the fee, staff will complete the request.

	FEE
Extraordinary use of personnel for research and retrieval of documents	Administrative staff: actual cost (approximately \$32.00/hour)
	Professional staff: actual cost (approximately \$50.00/hour)
Geographic Information Systems (GIS):	Pursuant to NRS 239.054, requests for information from GIS will include actual costs associated with: gathering and entry of data into system; maintenance and updating of the database; hardware; software; quality control; and consultation of GIS staff. As per NRS 239.055, copies of a public record from a GIS that will require agency personnel to expend extraordinary use of staff time to copy such documents, the requestor will pay the costs for extraordinary use of personnel as shown above.
Document Certification	\$4.00
Paper copies	Black/white copies: 2 cents per page
	Color copies: 8 cents per page
CD or DVD (data, audio, video)	\$2.00 per CD/DVD
Mailing Costs	
Electronic/fax	No Charge
USPS/FedEx/UPS or equivalent	Actual Cost