

Elko Police Department

Record Request

This form is to be used to request all records in the legal custody or control of the Elko Police Department

Instructions

All requests must be made in writing and signed. Information with an asterisk (*) is required. Incomplete requests will not be honored.

Section A - Requester Information

Your Name * _____ Mr. Mrs. Ms. Other _____

Phone* _____ Fax _____ Email _____

Business Name _____

Mailing Address * _____

City* _____ State* _____ Zip Code* _____

Section B - Record(s) Requested

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

Section C - Receiving Record(s)

Please specify the preferred method of receiving the requested record(s).

- By postal mail at the mailing address above (current \$ rates apply) By email
- In person

By signing below I certify that the information above is true and correct to the best of my knowledge. I understand that copying and other associated fees may apply and that records will not be released until payment is received. As per NRS 239 you will be contacted within five days of the request.

X _____ Date _____
Requestor signature – Required Required

Staff Use Only

Official Use Only

Assigned to: _____

Estimate of \$ _____

Was provided on _____

By _____
Staff

Request Status

- Authorization to proceed _____
date
- Request withdrawn _____
date
- Information provided and request completed
- Information not provided – law excludes information requested
- Other _____

Case Number _____

Payment Status

- Amount received \$ _____
- Cash Check
- Other _____

By _____

