



**ELKO COUNTY SCHOOL DISTRICT**  
**Public Records Request**

Deliver, Mail, or Fax to:  
 850 Elm Street, Elko, NV 89801

**Attention: Office of the Superintendent**

<b>Date of Request</b>	
<b>Requestor Contact Information</b>	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

<b>Records Requested:</b>
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Inspection (in person)
<i>Please be specific and include as much detail as possible regarding the records you are requesting.</i>

<i>To complete an estimate, the agency will need the following information:</i>		
<input type="checkbox"/> I will pick up <input type="checkbox"/> thumb drive: \$5.00 per device	<input type="checkbox"/> Please send USPS Cost of postage will be charged	<input type="checkbox"/> E-mail (if format allows)

<b>Statement</b>	
<input type="checkbox"/> I understand there is a charge for copies of public records if time to collect, review, redact where necessary and/or provide to the requester exceeds two hours, per Board policy EFDD, resulting in a charge of \$0.50 per page. Actual costs such as postage and media (thumb drive) are optional at additional costs. I understand I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.	
<b>Requester Signature</b>	_____ Signature

**Office Use Only**

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		
_____	<i>Other:</i>		