



Southern Nevada District Board of Health Board of Health Records Request Form

Requestor: _____

Date of Request: _____

Address: _____

Email: _____

Phone number: _____

What is the best way to contact you regarding this request? Phone Email

Type of Board of Health Records requested:

Meeting date: _____

Name of meeting: _____

- Minutes Audio Recording
- Supporting documentation (please specify agenda item number)
- Other (please specify)

How should the records be sent to you?

- Email Fax US Mail Pick-up On-site Review & Inspection

In what medium should records be made available?

- Email copy * On-site review and inspection * (no charge)
- Paper copy * Electronic copy - CD/DVD: \$10 each (if available) *

* There is no charge for paper copies of Board of Health records; however there is a fee for research time. The first hour of research time is free. After the first hour, research by clerical staff is \$30 per hour and \$65 per hour for research done by professional staff.

I understand there is a charge of research and copies of public records. Further, I understand that if the estimated cost of the records request of \$25 or more I will be required to pay in full prior to reproduction. Records will be held for 14 days. Payment will be forfeited if the materials are not retrieved.

Signature: _____

Date: _____

This form is a public record and will be retained for a period of one (1) year from creation.

For Health District use only

Type of Service	<u>Amount</u>	x	<u>Rate</u>	=	<u>Total</u>
Electronic Copy	_____	x	\$ _____	=	\$ _____
Research/Programmer Hours	_____	x	\$ _____	=	\$ _____
			Total Charge	=	\$ _____

Completion Date: _____

By: _____ (initials)

Delivered To: _____

Date: _____ By: _____ (initials)