



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5535 * Fax 775-507-4102 * Email nvfuneralboard@fb.nv.gov

PUBLIC RECORD REQUEST Pursuant to NRS 239

This form is to request all public records in control of the Nevada Funeral and Cemetery Services Board, the contents of which are not otherwise declared by law to be confidential.

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PRINT LEGIBLY OR TYPE ALL INFORMATION

Note: There may be fees assessed for document production. See attached fee schedule.

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 the Funeral Board staff in locating the record(s). Include relevant dates or date range. For multiple records, you may attach additional pages.

[Empty box for describing records requested]

Section C - Receiving Record(s)

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

[] By postal mail at the mailing address above

[] Special Delivery - please specify; additional charges will apply

[] By email at the email address above. Please note: even if you choose to receive the records via email there will be a per page cost if the document is not available electronically.

[] In person.

[Empty box for special delivery details]

X _____
Requester Signature - Required

Date _____
Required

For Board Use Only:

Date Received: _____ Amount Paid: _____ Check Number: _____
Date Info provided & request Completed _____ Information Not provided - law excludes information requested _____ CC Auth Number: _____



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PUBLIC RECORD FEE SCHEDULE

1. Fees for a public records request will not be assessed until the total cost reaches \$10.00. All fees imposed will be invoiced detailing costs including personnel time, number of copies, and postage. If the cost of producing the records is estimated to be more than \$10.00, the records will not be produced until after payment is remitted.
2. **Cost Estimates.** When estimated costs exceed \$10.00, and before further processing, the requestor will be notified in writing and required to remit the full payment. If the final cost is less than estimated, the requestor will be refunded the difference.
3. **Personnel Time.** Pursuant to NRS 239.055, a fee may be charged for extraordinary staff time for processing, researching, copying, or legal/technical review. "Extraordinary staff time" is defined as any time over 30 minutes required to retrieve, inspect, and/or redact the record. See Op.Nev.Atty.Gen. No. 2002-32 (August 27, 2002). Personnel time will be charged at the rate of the staff person qualified to provide or prepare the requested information, except for copies orders pursuant to NRS 78.785. Fees for extraordinary staff time will not exceed 50 cents per page, or per page equivalent for electronic media.

Charges will be as follows:

- \$20 per hour per staff member (Grades 20-29).
4. **Copying and scanning fees**
 - Black & white, 8 1/2" x 11" page copy:
 - \$0.10 per page for documents from all other SOS divisions
 - Scanned/electronic document: \$0.10 per page
 - Electronic scanning to CD: \$5 per CD
 5. **Postage.** All shipping will be USPS Parcel Post unless otherwise requested. The requestor may request that this office use a personal or business account with another delivery service, such as FedEx, UPS, etc., to pay for postage.
 6. **Payment.** Full payment of estimated fees is required before any records will be provided. If the final cost is less than estimated, the requestor will be refunded the difference.

Payment may be made by, check (Payable to Nevada Funeral Board) or credit card. To pay by credit card, you must request a Credit Card Authorization Form.