

Our policy is to provide copies or access to unrestricted public records as expeditiously as possible. What you need to know to submit a records request or make an appointment to view records can be found here. Concise, typewritten or legible handwritten requests using the “Request Form” and our e-mail address are preferred.

Public Records Request Fees

No fees will be charged until the total costs reach \$10. The first hour of staff time will not be charged. No cost will be assessed for inspection of existing records unless staff time to retrieve or otherwise process the records exceeds one hour.

If estimated staff time exceeds one hour, the requestor is responsible for the staff time incurred, which is due and payable before processing of the records will begin. Fees for staff time are in addition to fees for copying. Estimates of costs will be provided in advance if the costs are projected to exceed \$25.

The records obtained are confidential in accordance to the Nevada Revised Statute 654.110.

Staff time (for review, redacting, copying or otherwise processing records requests) shall be billed at an hourly rate of \$10.00 per hour.

Copying fees (N.R.S. 239.052):

- a. Black and white copies- up to 8.5” x 14”: \$0.10 per page
- b. Color copies- up to 8.5” x 14”: \$0.50 per page

Court reporter transcripts:

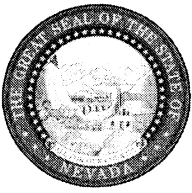
In addition to the actual cost of the medium in which the copy of the transcript is provided, the fee charged for a copy of each page of a court reporter transcript is the fee per page set forth in the contract between the Attorney General’s Office and the court reporter. See Nevada Revised Statute 239.053.

Postage:

The requestor is responsible for estimated postage.

Payment:

Payment may only be made by cashier’s check or money order made out to the “Nevada State Board of Oriental Medicine.”



STATE OF NEVADA
Public Records Request

Mail or E-mail to:
 Board of Oriental Medicine
 3191 E. Warm Springs Road, Las Vegas, NV 89120
 E-mail: omboardexecutivedirector@gmail.com
Attention: Public Records Officer, Merle Lok

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

Records Requested:
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified 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"/> Please FedEx <i>Fed Ex billing number:</i>	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail (if format allows)

Statement
<input type="checkbox"/> I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.

Requester Signature	_____
	Signature

Request status:		Office Use Only		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				
_____	Other:				

*Retain request form for 90 days following completing of request.
 RDA 2009047*