REQUEST FOR PURCHASING PUBLIC RECORDS

PURSUANT TO THE NEVADA PUBLIC RECORDS LAW, I REQUEST THE FOLLOWING INFORMATION
RELEVANT TO PROJECT # Title _____________________________.

I UNDERSTAND THAT THERE IS A FEE FOR COPIES OF *$1.00 PER PAGE AND THAT NO COPIES SHALL BE
MADE UNTIL FULL PAYMENT IS RECEIVED. REVIEW OF DOCUMENTS IS BY APPOINTMENT ONLY!

The following information must be completed by the requestor. Please print clearly.

Date: ____________________ Name/Title: ____________________

Company Name: ____________________ IS THIS FOR A POSSIBLE PROTEST?  Y or N

Address: _______________________ City/State/Zip: ___________

Area Code/Phone Number: __________ Area Code/Fax Number: __________

E-mail Address: __________________

Please check the documents you wish to review.

☐ Original BID; Request for Proposal; Request for Quote; Competitive Bidding Exception; Statement of Qualifications
(PLEASE CIRCLE ONE OF THE ABOVE)

☐ Awarded/Winning Proposal or Bid

☐ Other Proposal(s) - Name of Company(s)

☐ Construction – Apparent Lows

☐ Addenda

☐ BCC Agenda / Award Authorization

☐ Renewal Letter(s), if applicable

☐ Extension Letter(s), if applicable

☐ Price Increase Letter(s), if applicable

☐ Insurance submittals, if applicable

☐ Other __________________________

NOTE: Personal, Business, or Cashier Checks should be made payable to University Medical Center of Southern
Nevada. We will accept cash if it is exact change only. Contracts Management does not have cash to make change.

FAX THIS COMPLETED FORM TO: (702) 383-2609
Or
DELIVER TO: UMC Contracts Management, 1800 W. Charleston Blvd, Las Vegas, NV 89102

FOR INTERNAL USE ONLY:

Date and time of appointment: ________________________________

PAGE COUNT: _______ AMOUNT DUE: $__________ PAYMENT METHOD: ________

Date/Time Completed: ________________________ Initials: ________ Version Date: 11/25/2009