



UMC Contracts Management

Phone: (702) 383-2758

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