



REQUEST FOR PURCHASING PUBLIC RECORDS

UMC Legal Department
 1800 W. Charleston Blvd, Las Vegas, NV 89102
ContractSpecialist@umcsn.com

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

Records Requested:
Describe the record(s) you are requesting. Please be as specific as possible and include enough detail to assist UMC staff in locating the record(s). Include relevant dates or date range. For multiple records, you may attach additional pages.
Check one: <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Inspection (in person)

<i>To complete an estimate, provide 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 mail via USPS to:	<input type="checkbox"/> E-mail to:

Statement	
<input type="checkbox"/> I understand there may be a charge for copies of public records and I will receive a written estimate for production of the records indicated above, if any. I understand that my request may not be fulfilled until full payment has been received.	
Requestor Signature _____	Date _____

Office Use Only

Request status:	Estimate:
Date _____ _____ Request received _____ Receipt acknowledgement issued _____ Request filled _____ Estimated completion _____ Estimate provided _____ Request denied in whole _____ <i>Other:</i>	Estimate: \$ _____ Date deposit received _____ Actual (if different): \$ _____ Date final payment received _____ Completed by _____