



# Public Records Request

Nevada State Fire Marshal Division  
107 Jacobson Way  
Carson City, NV 89711  
Fax: (775) 684-7518  
Email: [sfm@dps.state.nv.us](mailto:sfm@dps.state.nv.us)

**Public Record:** Any existing document used to transact, conduct, or otherwise provide service for the public good in the State of Nevada with the exception of those documents or items deemed by law to be confidential.

Date of Request: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

## Request Details

**\*\*Notice:** Copies up to 8.5" x 14" - \$0.50 per page (NAC 477.325(4)(a)). Electronic media is actual cost with the requester responsible for actual postage if applicable. No charge will be assessed if the cost is \$25.00 and under. Any requests above \$25.00, payment in full in advance is required. An invoice will be sent to the requester. The copies of requested public records will be held for thirty (30) days and subsequently destroyed if payment is not received and the documents claimed. **No cash or credit cards are accepted.**

How would you like to receive your report?

Paper Copies  Electronic  Fax  Certified Copies  Inspection (in person)

Other (explain): \_\_\_\_\_

Computer Aided Dispatch Number (CAD#, if applicable): \_\_\_\_\_

Records Requested (Please be specific including as much detail as possible regarding the records requested)

Select one -

Report Narrative only?:

Report and all photos?:

[Click Here to Print Out Your Copy](#)

[Click Here to Send Your Request to the State Fire Marshal via Email](#)

### Internal Information (SFM Only)

Handled by which Bureau: Admin  Investigations  Fire Prot/Lic/Prev/Haz/CoC/FSC   
Training  Plans/Engineering  Finance

Was this considered an Extraordinary Request? (More than 2 hours of staff time)

YES  NO  If yes, Fire Marshal Review: \_\_\_\_\_ Date: \_\_\_\_\_

Subpoena: YES  NO  Subpoena Date: \_\_\_\_\_

Was Information Sent: YES  NO  Date Sent: \_\_\_\_\_

If Not Why: \_\_\_\_\_

Information Sent: \_\_\_\_\_

FTE time Spent handling request:

Reviewing Request: \_\_\_\_\_ hrs Retrieving and Refiling: \_\_\_\_\_ hrs

IT Programming: \_\_\_\_\_ hrs Time Spent Redacting: \_\_\_\_\_ hrs

Number of pages: \_\_\_\_\_ B&W \_\_\_\_\_ Color

Items withheld and reason: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Request Processed By: \_\_\_\_\_

Reviewed by DRO or Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent to Department of Public Safety ROC: \_\_\_\_\_

**NOTE:** All requests must be fulfilled within five (5) business days of receipt or the requester is provided a written notice of any issues with regards to fulfilling the request.