



STATE OF NEVADA
DIVISION OF MORTGAGE LENDING
PUBLIC RECORDS REQUEST

Attention: Public
Records Officer

Deliver, Mail, Fax or E-mail to:
3300 West Sahara Avenue, Suite 285, Las Vegas, NV 89102
Fax: 702-486-0785 E-mail: mldinfo@mld.nv.gov

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>The Division 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 <i>Note: Recipient will be charged actual postage per NRS 239.052</i>	<input type="checkbox"/> E-mail (if format allows)

Statement	
<input type="checkbox"/> I understand there is a charge for copies of public records. NOTE: The Fee Schedule is listed on the Division website at www.mld.nv.gov .	
Requestor Signature	 <div style="text-align: center;">Signature</div>

Office Use Only

Request status:		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 completion of request.