



Public Records Act Request Form (02/2021)

INFORMATION ABOUT REQUEST

1. **INFORMATION ABOUT REQUEST**

Date of Request: (Format = mm/dd/yyyy): *Note: It will not accept a date prior to TODAY. **



2. REQUESTER INFORMATION

First Name *

Last Name *

Title

Company Name

Street Address *

Apt/Suite/Office

City *

State *

Zip *

Phone Number 1 (Enter phone numbers in format = 999-999-9999)

Alternate Phone Number
2

Fax Number

3. Please enter your email address:

4. Please verify your email address:

5. **PUBLIC RECORDS REQUESTED:**

Select a Department first to View/Choose the type of record(s) to be requested. You may request one or more records but only from ONE Department at a time. *

- | | | |
|----------------------------------|---|---|
| <input type="radio"/> City Clerk | <input type="radio"/> Human Resources | <input type="radio"/> Public Works |
| <input type="radio"/> Finance | <input type="radio"/> Land Development & Community Services | <input type="radio"/> Utilities |
| <input type="radio"/> Fire Dept. | <input type="radio"/> Police Dept. | <input type="radio"/> Other (Please provide as many details as possible in the next field.) |

6. For OTHER REQUESTS that were not listed above:

(Please specify in detail the type of records requested, providing as much detail and information as possible. This assists staff in finding necessary records and reducing the amount of fees incurred when queries are very vague.): *

7. City Clerk's Records: Select one or more of the following records from the City Clerk's office:

- | | |
|--|---|
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Request to receive City Council agendas (via email) |
| <input type="checkbox"/> Development agreement | <input type="checkbox"/> Request to receive City Council agendas (via USPS mail) |
| <input type="checkbox"/> Election | <input type="checkbox"/> Request to receive Planning Commission agendas (via email) |
| <input type="checkbox"/> Franchise | <input type="checkbox"/> Request to receive Planning Commission agendas (via USPS mail) |
| <input type="checkbox"/> Ordinance | <input type="checkbox"/> Requests to receive City Code supplements (via email) |
| <input type="checkbox"/> Minutes | <input type="checkbox"/> Requests to buy City Code supplements (in hard copy) |
| <input type="checkbox"/> Resolution | |

8. Finance Dept Records: Select one or more of the following records from the Finance Dept:

- | | | |
|--|---|---|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Excess Liability | <input type="checkbox"/> Purchase order |
| <input type="checkbox"/> Check | <input type="checkbox"/> Invoice | <input type="checkbox"/> Uncashed Check |
| <input type="checkbox"/> Deferred compensation | <input type="checkbox"/> Lease | |

9. HR Records: Select one or more of the following records from the Human Resource Dept:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Employee | <input type="checkbox"/> Position |
| <input type="checkbox"/> Classifications | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Salary |

10. LDCS Records: Select one or more of the following records from the Land Development & Community Services Department. Submit a single request for each unique physical address or APN. Do not include multiple addresses and APNs on the same request.

- ☐ Building Permit
- ☐ Building Inspection
- ☐ Business License
- ☐ Certificate of Occupancy
- ☐ Code enforcement
- ☐ Code enforcement lien
- ☐ Code violation
- ☐ Drawing
- ☐ Fire Code Violation
- ☐ Liquor License
- ☐ Planning Commission
- ☐ Plan
- ☐ Zoning violation

11. Police Dept. Records: Select one or more of the following records from the Police Dept:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accident report | <input type="checkbox"/> Criminal charges | <input type="checkbox"/> Police records |
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Police | |
| <input type="checkbox"/> Crime records | <input type="checkbox"/> Police Incident | |

12. Public Works Records: Select one or more of the following records from the Public Works Dept:

- | | | |
|--|--|---|
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Environment site assessment | <input type="checkbox"/> SID |
| <input type="checkbox"/> Boundaries | <input type="checkbox"/> Flood Control | <input type="checkbox"/> Special Improvement District |
| <input type="checkbox"/> Certified payroll | <input type="checkbox"/> Improvement district | <input type="checkbox"/> Subcontract list |
| <input type="checkbox"/> Construction projects | <input type="checkbox"/> Reconveyance | |

13. Utilities Records: Select one or more of the following records from the Utilities Dept:

- | | | |
|--|---|--|
| <input type="checkbox"/> Rate schedule | <input type="checkbox"/> Solid waste | <input type="checkbox"/> Water rate schedule |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Trash | <input type="checkbox"/> Water service |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Trash collection service | <input type="checkbox"/> Water shutoff |
| <input type="checkbox"/> Sewer bill | <input type="checkbox"/> Water | <input type="checkbox"/> Utility account |
| <input type="checkbox"/> Sewer service | <input type="checkbox"/> Water bill | <input type="checkbox"/> Utility lien |

14. **DATE RANGE OF REQUEST:**

Format = mm/dd/yyyy *

From Date: *



To Date: *



15. More Information about your request:

(Please specify in detail the type of records requested, providing as much detail and information as possible. This assists staff in finding necessary records and reducing the amount of fees incurred when queries are very vague.):

FIRE DEPT RECORDS

16. **FIRE DEPT RECORDS**

Select ONE of the following records from the Fire Dept:

*

- ☐ EMS (Medical Aid) Report
- ☐ Fire Report

17. **INCIDENT DETAILS**

Date of Incident *



Approximate time of Incident: (HH:mm
am/pm)

Incident Number (if
known)

Location of Incident: (property address or cross streets)

*

Patient Name *

Vehicle
Information:

DATE RANGE

From Date *



To Date: *



More Information about your request:

(Please provide as much detail and information as possible. This assists staff in finding nec the amount of fees incurred when queries are very vague.)



18. For an EMS (Medical Aid) Report a **Notarized Release from Patient** is Required or Court-Issued Subpoena is required.

How will you be submitting the supporting documents? *

- ☐ Yes, will send via email to CityClerk@cityofnorthlasvegas.com
- ☐ Yes, will send via fax to: (702) 649-3846

19. For a Fire Report a Court-Issued Subpoena is Required for Investigation.

How will you be submitting the supporting documents?

*

- ☐ Yes, will send via email to CityClerk@cityofnorthlasvegas.com
- ☐ Yes, will send via fax to: (702) 649-3846

FORMAT AND SUBMISSIONS

20. **FORMAT OF REQUESTED RECORDS:**

Please note: Payment upon receipt of records or a deposit in advance of receipt of records may be required.

Select one format. *

- | | | |
|---|---|---|
| <input type="radio"/> Review Only (On Premises - By Appt.) | <input type="radio"/> CD (Requires payment for CD only) | <input type="radio"/> Other Format (Specify) (May require payment of fees): |
| <input type="radio"/> Paper copies (Requires payment of fees) | <input type="radio"/> PDF copies | <input type="text"/> |

21. **How do you intend to submit your PRA request?***

- ☐ Will submit online
- ☐ FAX THE FORM TO: City Clerk's office Fax: (702) 649-3846
- ☐ MAIL TO: Attn: City Clerk's Office City of North Las Vegas 2250 Las Vegas Blvd. North, Ste. 800 North Las Vegas, NV 89030-3306
- ☐ DELIVER IN PERSON TO: Attn: City Clerk's Office City of North Las Vegas 2250 Las Vegas Blvd. North, Ste. 800 North Las Vegas, NV 89030-3306