

**IN THE JUSTICE COURT OF CARSON TOWNSHIP
IN AND FOR CARSON CITY, STATE OF NEVADA**

PUBLIC RECORDS REQUEST FORM

Requester's Name: _____
Last Name First Name Middle Name

Requester's Firm/Affiliation (if any): _____

Requester's Address: _____

Requester's Telephone Number: _____

I would like copies of all public documents for:

Last Name First Name Middle Name

Date of Birth: _____

Search from: _____ to _____
Month/Year Month/Year

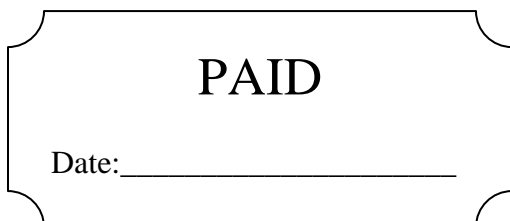
Requesting: Criminal Search Civil Search
 Both (Criminal & Civil) Traffic

Case Number(s) (if known): _____

I understand there is a cost of \$1.00 per calendar year to research the criminal records of the person above named. I agree to pay that amount at the time of making the request (cashier's check or money order payable to Carson City) and enclose a stamped self-addressed envelope.

I also understand if I request a photocopy of any record it shall cost \$.50 per page for the record to be photocopied and an additional \$3.00 per page if the photocopies are to be certified.

Dated this _____ day of _____, 20_____.



SIGNATURE