

NEVADA DEPARTMENT OF TRANSPORTATION

Requirements and Guidelines for Viewing Public Records

Per your request, we are providing you access to view NDOT public records. We ask that you cooperate with these guidelines and the assigned NDOT staff representative. Our representative will monitor your inspection of records and will provide administrative assistance only. By your initials and signature below, you indicate that you understand and agree to the following.

- Initials: ____ By providing access to these records, neither the State of Nevada nor NDOT waives any of their rights to any confidential or privileged matter contained therein whether previously disclosed or not. If confidential or privileged matter is later identified, the requestor agrees to return to the Department all copies of identified confidential or privileged document(s) immediately.
- Initials: ____ These materials are public property and oftentimes contain critical, original or one-of-a-kind records essential to State and NDOT business. Please handle the NDOT materials provided with care and respect. Do not mark on or alter any documents in any way and do not modify or dismantle the files. The integrity of the filing system must also be preserved so records can be returned to the proper office in the manner originally received.
- Initials: ____ Please coordinate your departure and return from the office provided with the NDOT staff representative. You may not leave with any original NDOT records. Any subsequent viewing days must be coordinated with the NDOT staff representative.
- Initials: ____ The NDOT staff representative will arrange for any copying. Please identify materials you would like copied with post-it type notes but do not remove existing staples and paperclips or otherwise modify the way the records are organized or presented. Do not use paperclips, clamps, marking of any kind, scissors or anything else that might damage the materials.
- Initials: ____ The undersigned agrees to pay all fees and costs associated with his/her Public Records Request (as described in the attached fee schedule). Depending upon the volume and time involved, you may be required to pay before any copies are provided.

Date: _____ Name (Printed): _____ Signature: _____

Mailing Address: _____

The following information is optional:

Organization/Business: _____ Phone: _____ E-mail: _____

Fax: _____ Citizenship: _____ State/Driver's License #: _____

Purpose of Request: _____

Staff Use Only

NDOT's Representative's Name (Printed): _____ Signature: _____

Division/District: _____ Phone: _____