

# NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE



## Public Information or Records Request

**Deliver, Mail, Email or Fax to:**  
**2275 Corporate Circle Suite 210**  
**Henderson, NV 89074**  
**Email: [osteo@bom.nv.gov](mailto:osteo@bom.nv.gov)**  
**Fax: (702) 732-2079**  
**Telephone: (702) 732- 2147**

<b>Date of Request</b>	
<b>Requestor Contact Information</b>	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

<b>Information or Records Requested:</b>
Check one (if applicable): <input type="checkbox"/> Paper copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified copies <input type="checkbox"/> Inspection (in person) <input type="checkbox"/> Licensee Lists
<i>Please be specific and include as much detail as possible regarding the information or records you are requesting.</i>

<b>Licensee Lists:</b>
Check all that apply: <input type="checkbox"/> Active - \$75 <input type="checkbox"/> Inactive - \$50 <input type="checkbox"/> Expired - \$25

<i>To complete an estimate, the agency 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	<input type="checkbox"/> E-mail (if format allows)

<b>Statement</b>	
<input type="checkbox"/> I understand there may be a charge for copies of public records, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.	
<b>Requester Signature</b>	_____
	Signature

### Office Use Only

Date Received: _____	Date Completed: _____
Fees Charged (if any): _____	Date Paid: _____
Order Fulfilled by: _____	
<i>Retain request form for three (3) calendar years from the end of the calendar year in which the response was completed according to RDA 2015013</i>	