

State of Nevada  
Physical Therapy Board

## PUBLIC RECORDS REQUEST

### FILING A REQUEST

Inquiries relative to public records should be directed to the Nevada Physical Therapy Board Executive Director. Please submit all requests in writing, you may use the [Board Public Records Request Form](#).

Record requests may be submitted in the following ways:

- Email to [ptapplication@govmail.state.nv.us](mailto:ptapplication@govmail.state.nv.us)
- Personal delivery or mail to the Nevada Physical Therapy Board office located at 3291 N. Buffalo Drive, Suite 100, Las Vegas, Nevada 89129; or
- Fax to (702) 876-2097

Records requests should be as specific as possible and include the requester's contact information. The Board will respond to the request within five business days. If you do not receive a communication from the Board within the allotted time, please contact the Board office to ensure receipt of your public records request.

If a public records request cannot be fulfilled within five business days, the Board will provide written notice of that fact, inform the requester of the earliest date and time it reasonably believes the record will be available, and may work with the requester to focus the request so the Board can respond as expeditiously as possible.

### FEES FOR PUBLIC RECORDS

Per NRS [239.052](#), the Nevada Physical Therapy Board may charge a fee for the actual cost incurred in the provision of a public record. This includes, without limitation, the cost of ink, toner, paper, media, and postage.

Pursuant to NRS 239.052(2), the Nevada Physical Therapy Board chooses to waive this fee except for the following exceptions:

- Hard copy requests of 50 or more single pages
- Postage costs
- The media used to provide electronic records (e.g., thumb drive, discs)

The Board will inform the requester of any fees, if applicable, before responding to the request.

# NEVADA PHYSICAL THERAPY BOARD

3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129

Phone (702) 876-5535 · Facsimile (702) 876-2097

## PUBLIC RECORDS REQUEST FORM

Date of Request:			
Name:			
Organization:			
Address:			
City, State, Zip:			
Telephone:			
Email:			
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 being requested.</i>			
<input type="checkbox"/> I will pick up records	<input type="checkbox"/> Send FedEx Fed Ex billing number:	<input type="checkbox"/> Send USPS	<input type="checkbox"/> Send via Email (if format allows)
<b>Statement</b>			
<input type="checkbox"/> I understand there is a charge for copies of public records. I understand I will receive a written estimate for the production of the records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days.			



_____	Receipt received	Estimate:	_____
_____	Receipt acknowledgment issued	Date deposit received:	_____
_____	Request filled	Actual (if different):	_____
_____	Estimated completion	Date final payment received:	_____
_____	Estimate provided	Completed by:	_____
_____	Request denied in whole		
_____	Other:		
Requests shall be retained for three (3) calendar years from the end of the calendar year in which the response was completed according to RDA 2015013.			